

Health-1928.

GUNTER PROCLAIMS 'CLEAN-UP WEEK'

Week Beginning April 2 Set
Aside To Brighten
City

A proclamation issued yesterday by Mayor Gunter set aside the week beginning April 2nd and ending April 7th as Cleanup and Paint-up Week for Montgomery and surrounding territory. This proclamation was issued in keeping with a movement started by the Chamber of Commerce and the Federation of Women's Clubs.

At the meeting of the Chamber of Commerce Board of directors held yesterday afternoon it was decided to go ahead with the campaign and full cooperation is asked of the public.

The proclamation in full reads: "Whereas, the Chamber of Commerce, the Federation of Women's Clubs, and other organizations and agencies have inaugurated a clean-up and paint-up campaign for this city for the purpose of beautifying and keeping clean our city and surrounding territory, such campaign to begin on the 2nd of April and to continue through the 7th day of April; "And whereas, such a movement will mean civic betterment, better health and an increased value in property, and is in accord with the public spirited plan now being undertaken to attract new industries and new people to our city;

"And whereas, it is recognized by all thoughtful people that a clean city is a beautiful city and a beautiful city is a city in which people desire to live;

"Now, therefore, I, William A. Gunter, mayor of the City of Montgomery, do hereby make proclamation to the public that the city and each department thereof, indorse this excellent endeavor known as the Clean-up and Paint-up campaign, pledging to such movement the full cooperation of the street cleaning department, the health department, the sanitary department, the police department and other municipal agencies;

"I, as mayor, hereby further call upon all good citizens to aid and support with every means within their power this campaign to individually clean up and remove from their premises all trash, rubbish and unsightly matter whatsoever and in so far as such citizens are able to paint up, wash or in other ways rejuvenate the buildings and structures on their premises and to do all things proper and fitting to carry out this proclamation in the spirit as well as the letter:

"I, as Mayor, further realizing as I do that this is not a legal obligation, remind our residents that all the more should we put ourselves in full accord with the purposes of this endeavor if we would have our good city to stand

well before our neighbors and in the eyes of visitors among us; that a city is not great merely because of its legal obligations, but for the good will and cooperation of the citizens in discharging the same and also in performing fullheartedly those things not specially required by law, but which redound to the beauty, welfare and happiness of the people.

"In witness whereof, I have hereunto set my hand and seal, as Mayor of the City of Montgomery, this the 27th day of March, 1928."

(Signed) W. A. GUNTER, Mayor

PLANS COMPLETED FOR CLEAN-UP WEEK

Program Arranged By Two Local Bodies To Start In
Montgomery Tomorrow

The program for Montgomery's Clean-Up and Paint-Up Week, fostered by the local Chamber of Commerce and the Federation of Women's Clubs for April 2-7, has been announced, with a different Spring cleaning work advocated for each day in the week. Tomorrow, the beginning of a clean-up campaign, is to be fire prevention day and community-wide interest is sought in the civic enterprise of the Monday program as well as in the plan of work for the week.

Following is the program suggested for observance of Clean-Up and Paint-Up week in Montgomery: -1-28

"Monday—Fire Prevention Day: Clean your basements and attics of rubbish, greasy rags and waste paper. All fires are the same size at the start.

"Tuesday—Front Yard Day: Cut lawns, prepare gardens and flower beds for planting, clean walks and gutters, salt cracks in sidewalks.

"Wednesday—Flower Bed Day: Plant flower beds and trim shrubbery.

"Thursday—Paint Day: Paint and brighten up inside and out, porches, fences, woodwork, screens and porch chairs. Downtown business houses clean windows and replace old awnings.

"Friday—Back Yard Day: Clean alleys, repair fences and sheds, screen garbage cans. Put up screens, plant thrift gardens.

"Saturday—Vacant Lot Day: Everybody join in and help school children clean vacant lots and remove tin cans, paper and dead weeds."

NEGROES OF MACON COUNTY TO OBSERVE CLEAN-UP DAY

Colored people of Macon County will devote their attention and energies to a campaign against dirt Wednesday March 28, according to plans of a county-wide committee promoting the observance of annual Clean-up day. Members of the committee include: number of preachers, teachers and other leaders of the race in this community. Mayor G. B. Edwards has expressed approval of the observance and has promised his hearty cooperation.

On that day homes and yards will be cleaned; buildings white-washed; rubbish removed and burned; fences and doorsteps repaired; and everything will be done to give a fresher appearance to the various homes and communities of the county.

This day is observed annually under the auspices of Tuskegee Normal and Industrial Institute. It has now become a national observance covering a week, and is approved by the United States Public Health Service which issues each year the Negro Health Week Bulletin. National Negro Health week will be observed this year, April 1-8, the week following the county clean-up day.

Teachers of Tuskegee Institute will join with students in cleaning up the premises of the campus and Greenwood. J. E. Whitfield, chairman of the governing board of Greenwood, has issued a proclamation calling the attention of the residents of the community to the day.

"CLEAN-UP AND PAINT-UP"

Once more the city is exhorting its inhabitants to get seriously down to the business of cleaning up all the unsightly and disease-creating rubbish in and around the homes and other structures. This "clean-up and paint-up" campaign is chronic and reappears each spring; whether it is a vernal fever which grips the city when the sun starts tracing its way northward each year or an endeavor to promote the interests of the paint industry, or a mad rush to put the "house" in order to receive the many visitors who will come to the city to attend Grand Opera next week, it does not appear.

Atlanta in all its glory, with

shining ruddy face, will meet the visitors and will again greet the makers of beautiful natural soulful emissions of the most wonderful musical compositions from the world's greatest masters of music and Atlanta must feel proud of having cornered the world's greatest aggregation of singers of Grand Opera from the rest of the South, but will Atlanta be really clean and dressed properly to meet the visitors next week?

A closer view of the city will reveal some nasty and revolting sights to the eye and mind of the conscientious citizen. A trip to some of the Negro sections of the city will show the real necessity for an intensified program of cleaning up the city; less than a block from the Terminal Station

shacks which the city should long ago have condemned as untenable, hold families of poverty-stricken Negroes, who pay more for rent- ing these dilapidated and breezy shacks than these structures could bring if sold for fire wood. Within earshot of the beautiful music which will fill the Auditorium next week is another city of shacks inhabited by Negro tenants; a veritable hill of Negro bones, a rival of Golgotha.

These physical examples of Atlanta's callous conscience, where Negro houses are sandwiched in with mule stables and other smelly business show plainly its unwillingness to divide fairly the fruits of labor with the Negro, the perfected system of economic starvation and the intolerant spirit of the city towards the third part of its population. But the situation presents a potent menace to the health of the city, offering as it does an opportunity for disease of epidemical proportions to creep insidiously into the vitals of the city.

Atlanta can readily clean up its face on the unjust profits garnered from the low-cost production at the expense of the Negro, and can easily afford to waste money which should rightfully have been used in remunerating the Negro for his labor; Atlanta can spend a cool million on advertisement for attracting other business enterprises

to establish in the city, yet Atlanta continues to squeeze tighter on the Negro and force him further back in the scale of civilization and away from decent living conditions. Atlanta is well able to rouge its face out of the immense profits innuring through the denial of the living wage to the Negro for bearing the burden in the fields of onerous labor.

The cleaning up and painting up on the face might produce the desired effect of pleasing the vanity of the city, but the real flesh of Atlanta, underlying the great dash of paint, is deeply pocked with disease, which is incurable by any remedy of "clean-up and paint-up" on its physical surface, and which can come only through the equitable distribution of Atlanta's beneficial occupations and the just remuneration to the Negro for the labor which he performs.

The conscience of Atlanta is dormant, unheeding the starvation cry of the third part of its population for an opportunity to compete in the fields of labor and for a commensurate remuneration for the constructive labor of its hands.

Atlanta does not need a coat of paint for its face, but a steel scraper to remove the barnacles from its soul, that it may become impressible to its duty to all men alike.

FOUR MEN ADDED TO HEALTH WORK STAFF Will Make Surveys For Bureau Of Vital Statistics During Summer Months

Four men are being put on by the Bureau of Vital Statistics of the State Health Department to do field work in vital statistics in Alabama during the Summer months. Announcement was made yesterday by Dr. W. T. Fales, director of this bureau. The four men are Foster Beck, of Glenwood; H. A. Hamilton, of Fayetteville; J. L. Murchison, of Sylacauga and Mr. Pritchett, of Tuscaloosa. They are to travel about the state making calls on local registrars of vital statistics in the counties, especially in those counties not having health units and also visiting doctors and undertakers. They will also make investigations in each county to find out the exact status of registration, reporting to the health de-

partment delinquencies on the part of undertakers and doctors in reporting promptly births and deaths.

The purpose of this work, Dr. Fales said, is to help Alabama maintain a standard of registration required by the federal government for admission into the registration act. It is to bring about a closer contact between local registrars and the state bureau. Only two men were sent out by the bureau to do field work last Summer and in this follow-up work to be undertaken this Summer the number is being doubled.

State Has 3,585 'Live' Tuberculosis Patients And 39,700 Potential Cases

There are at least 39,700 potential cases of tuberculosis in 42 counties of Alabama with health units reporting to the State Board of Health.

Contacts with 7,940 cases of tuberculosis reported since 1924 totaled 39,700 and contacts are regarded as potential cases.

The 7,940 cases of tuberculosis have been reported since May, 1924, when the bureau of tuberculosis control was organized under J. M. Graham at the State Board of Health.

That many survey case cards at the office in the health building represent 4,355 deaths from the disease and 3,585 "live" cases.

The figures are part of a survey being compiled by Mr. Graham, director of the bureau, before his resignation takes effect Oct. 1. At that time the bureau, together with the bureau of venereal disease control will be merged with the bureau of epidemiology to be renamed the bureau of communicable disease control under the head of Dr. D. G. Gill.

The reported cases are from counties organized with health units, which have increased from 22 to 45 since 1924, when the bureau of tuberculosis control was organized as planned by the late Dr. S. W. Welch, head of the health board. Three of the county health units have been recently organized and one not included in the figures.

Continuing the program of stressing prevention of tuberculosis rather than cure, Dr. Douglas L. Cannon, acting health officer, points to the vital figure in Mr. Graham's report, the number of contacts which the 7,940 cases means.

It is 39,700 in 42 counties of 67 counties, the number of counties included in the report.

"All contacts generally are considered potential cases of tuberculosis and the 39,700 contacts are evidence of the need of a trained clinician for the health board who will devote his full time and efforts to assisting in the detection of tuberculosis in its earlier stages in Alabama," Dr. Cannon said.

"It is contemplated that the health board will in time have such a clinician as a member of its staff," Dr. Cannon stated.

The purpose of Mr. Graham's survey was to determine the number of cases and potential cases due to contacts so

that on the basis of the figures suitable recommendation can be made for more complete handling of the tuberculosis control.

There have been 200 less deaths reported in 1927 from tuberculosis than in 1923 despite a vastly improved and extended reporting of cases. The reporting of cases improved 300 per cent in 1927 compared to 1923.

Cannon Named Health Officer Committee Chooses Temporary Official

Dr. Douglas L. Cannon was named to serve as state health officer by the state committee of public health yesterday at noon, until the committee should meet again to select a permanent successor to the late Dr. S. W. Welch.

Dr. Cannon had served for five years as assistant state health officer under Dr. Welch. He has been associated with the State Board of Health for eight years.

The committee met yesterday at the State Board of Health offices. Its regular meetings are in January, April and July, but it is subject to a called meeting at any time.

Attending the meeting were Gov. Bibb Graves, Dr. W. D. Partlow, of Tuscaloosa, Dr. J. N. Baker, of Montgomery, Dr. W. S. Britt, of Eufaula, Dr. W. W. Harper, of Selma, and Dr. J. P. Stewart, of Attalla.

The formal statement of the committee was as follows:

"The state committee of public health meeting in the offices of the State Board of Health at Montgomery at noon Wednesday vested all power and authority of the state health officer of Alabama in Dr. Douglas L. Cannon, Dr. Cannon to serve in this capacity until such time as the committee should meet again to select a permanent successor to the late Dr. S. W. Welch."

Alabama Death Rate Decreased In Past Year

Alabama's mortality rate decreased 1.1 per 1,000 estimated population in 1927 as compared to the preceding year, statistics compiled by the Department of Commerce show. The rate was 10.6 as against 11.7 in 1926. Arkansas had the lowest rate in 1927 for both white and colored.

The white death rate in Alabama last year was 8.6 and for colored at 14.3, against 9.4 and 16.0 respectively in 1926. Total number of deaths from all causes (exclusive of still births) was shown to be 27,062 against 28,692 in the preceding year. Of the deaths in 1927 the report showed 14,273 as whites and 12,789 as negroes.

Of the 41 states shown for both years the report said all but five states, Arizona, California, Colorado, Oregon and Wyoming had lower rates in 1927.

Maryland had the highest white death rate (11.8) and Kentucky had the highest for colored (21).

Open Headquarters Here for Health Work Among the Negroes

Headquarters for work in Lee County by "Negro Educational Health and Welfare Service Society" are being opened here this week by Prof. C. J. Jones, president. The object of the work is to eradicate contagious diseases among negroes, and much good along this line has been accomplished in other parts of the state.

Prof. Jones stated health conditions among the negro race are alarming, and only a glance at statistics will convince of this. At the present mortality rate, he said, there will be no negroes in the United States one hundred years hence.

In the plan of work the service directed by Prof. Jones, negroes are urged to remain in the south. He cites figures to show the death rate among the colored race in New York state is three times as large as in Alabama. The figures compare as follows: In New York, 395.3 out of every hundred thousand die yearly; in Alabama only 74.4 out of each 100,000. The Southern white man understands the negro better and his place is in the south, Jones added.

Mosquito Eradication Work Begun in Tuskegee

TUSKEGEE, ALA., July 9.—Special to The Advertiser.—The work of eradication of mosquitoes, initiated by the Tuskegee Junior Chamber of Commerce and the County Health Officer, was begun this morning by Mr. Whitlock, sanitary engineer of the State Board of Health. An area of 2 1-2 miles from Tuskegee will be embraced in this work, which will include the Tuskegee Normal and Industrial Institute and the U. S. Government Hospital No. 91. The cost is estimated at \$3000, the city of Tuskegee and the two institutions each paying one-third of the expense of eradication. Swamps and all standing water will be drained, drainage ditches oiled and the Gambousia minnows will be used.

Junior Chamber Sponsoring Eradication of Mosquitoes

One of the most important steps ever taken by the Tuskegee Junior Chamber of Commerce was when the members decided to sponsor the eradication of mosquitoes in Tuskegee and in adjacent territory. For years the residents of the town and nearby villages have suffered in many ways from the annual invasion of the mosquitoes.

A committee from the Chamber of Commerce has been at work for weeks in the attempt to formulate a plan for the accomplishment of this gravely needed work. Through the efforts of Dr. E. S. Miller, the State Health Department sent a representative to Tuskegee, and a survey was made and an estimated cost of the work was prepared.

Mr. J. H. Meadors, Chairman of the committee from the Chamber of Commerce, Mayor G. B. Edwards of the town of Tuskegee, Mr. Chas. J. Brockway, County Farm Agent, and Dr. E.

S. Miller, of the County Health Unit, held a consultation Saturday with officials of the Tuskegee Normal and Industrial Institute. Plans were formulated for the co-operation of the Institute assuring the committee of their desire to co-operate in every manner. They stand ready to do their part in the campaign, for they also had seen the necessity for the eradication of the mosquito from this section.

Mayor Edwards and Mr. Meadors had held a previous conference with Col. Ward of the United States Government Hospital. Col. Ward was in complete accord with the project, and is very anxious that the work be accomplished. He has placed the matter of co-operation before the proper

authorities and believes the Government will heartily approve of this needed work.

As soon as a definite report is received the work will be begun.

Health Bureaus To Be Merged

Plan Of Late Chief To Be Carried Out

The bureaus of venereal disease control and tuberculosis control will be combined with the bureau of epidemiology at the State Board of Health, the merger to be effective Oct. 1, it was announced yesterday afternoon by Dr. Douglas L. Cannon, assistant state health officer.

The merger was a part of the plans of the late Dr. S. M. Welch, head of the health board, towards creating a more comprehensive and efficient health organization and had been completely planned and scheduled before Dr. Welch left to attend the annual meeting of the American Medical Association in Minneapolis last June.

The new bureau, to be known as the bureau of communicable disease control, will be directed by Dr. D. G. Gill, present director of the bureau of epidemiology and who has been associated with the health board for nearly four years.

Dr. W. C. Blasingame organized the bureau of venereal disease control for Dr. Welch ten years ago and has been its director since Sept. 1, 1918.

Following his resignation he will become associated with the extension service of the University of Alabama for which he will be director of the bureau of citizenship and service.

Since the bureau's inception, approximately \$8,000,000 in free service has been given to the poor of the state in fighting diseases. The service, including free clinical work, was given at an actual cost of \$250,000 in the ten-year period ending Sept. 1.

There are fewer diseases reported today, although there are almost twice as many clinics, than there were five years ago, according to tabulated reports at the bureau's office.

The old offensive diseased cripples, common on the streets five and ten years ago, have disappeared, through the free clinical service given by the health bureau.

Dr. J. M. Graham, who organized the bureau of tuberculosis control for Dr. Welch in 1924, has been its director since that time. Before that organization he was executive secretary of the Alabama Tuberculosis Association, in which office he was indirectly associated with Dr. Welch for five years.

He will become pastor of the Prattville Presbyterian Church following his resignation.

BIRMINGHAM, ALA.

AUG 6 1928

FREE CLINIC GIVEN

Negroes Of Bessemer To Receive Treatment For Typhoid

BESSEMER, Ala., Aug. 5—The Bessemer Health Department, under the direction of Dr. R. V. Hazelwood, will give free clinics at the Bessemer Negro Community House, it is announced. The clinics will be held on Tuesday at 1 p.m. and will be given for typhoid, diphtheria, small pox and other diseases.

Drive On Diseases Among Negroes To Be Held In County

Opening guns in the campaign against contagious diseases among the negroes of Tuscaloosa county will be fired within the next few days, according to announcement from Prof. C. J. Jones, negro professor and minister to Talladega. Jones, who is a professor of chemistry at Talladega, arrived here today.

Jones stated that his work will be to establish health units among the negroes of the county in cooperation with county and state health units. He will be engaged in that work here for the next 10 days and location of his headquarters are to be announced.

Jones is president of the Negro Educational Health Service, and is a leader in the campaign to blot out venereal diseases, tuberculosis, typhoid fever, malaria, and allied diseases among the negroes of the state. He is slated to speak at various negro churches and schools of the city during the next 10 days.

The negro health worker declared today that negro health conditions are alarming, according to statistics. He said that at the present mortality rates there will be no negroes in the United States 100 years hence. He urges that all negroes stay in the south, his reason being that death rate in New York city is three times that of Alabama, 395.3 out of 1,000 dying yearly, while 74.4 out of 100,000 die yearly in Alabama. He also declared that the white man understands the negro better.

WELFARE, HEALTH EDUCATORS' TOPIC

Attendance And Work Among Negroes Also Discussed At Shocco Springs

TALLADEGA, Ala., Aug. 29—Child welfare, attendance, health and physical education and negro education were to be topics discussed Wednesday by the conference of state school superintendents, at Shocco Springs. Prominent leaders in educational work are heard daily.

B. L. Parkinson, of the State Department of Education, spoke Tuesday afternoon on selection of teachers, stressing the need for care in choosing only those who measure up to the highest standards. Dr. John R. McClure, director of Summer school at the University of Alabama, spoke on the same subject and commended the school board of Birmingham for its single salary schedule that does not discriminate between elementary and high school teachers.

Other speakers Tuesday were Dr. Hale S. Young, director of research and information of the State Department of Education; A. S. Harmon, director of educational administration; R. E. Ledbetter, director of school building, and A. B. Hobby, director of vocational education.

Mrs. R. B. Broyles, of Birmingham, representing the United Daughters of the Confederacy, spoke at the conclusion of Tuesday's session.

MONTGOMERY LEADS NEGRO HEALTH WORK

Vase Awarded For Best Health Campaign For Colored Folk In Any Rural Community.

One of the exhibits that attracted special attention at the Montgomery County Fair last week, was a tall silver vase that was presented recently

to the Montgomery County Board of Health, by the National Negro Business League for the best negro health campaign carried on during the current year in any rural community in the entire country, in connection with the National Negro Health Week. In the nation-wide campaign, Ohio and Kentucky shared the honors with Maryland, Cincinnati being awarded the cup for the best work done in cities of 100,000 population or over, and Henderson, Kentucky a similar prize for that in cities under 100,000.

The work in Maryland was directed by Dr. W. T. Pratt, Deputy State Health Officer and full time County Health Officer for Montgomery County. Assistance in organizing communities was given by Dr. E. O. Peters, a colored physician, a native of Montgomery County, now living in Washington, and by Dr. Francis a colored dentist, also of Washington.

Outline of Campaign

The plan of campaign followed the schedule outlined by the organizations sponsoring the negro health week activities, among them the Tuskegee Negro Conference, and the National Negro Business League, working in cooperation with the U. S. Public Health Service, and city and state organizations. One day was devoted to personal and home hygiene; another to community sanitation; one to the health of the children, and another to the health of the adults. In the conferences arranged for adults, special emphasis was placed on proper living, fresh air, and the right sort of diet. The health conferences for babies and for school children were followed by dental clinics. Entire communities worked together in destroying the breeding places of flies and mosquitoes and in clearing away refuse, and the campaign was concluded by a general cleaning up and painting.

Commenting on the distinction won by Montgomery County, Dr. R. H. Riley, Director of the State Department of Health attributed the effectiveness of the work done for and by the colored people, largely to the fact that the county has a full time health officer with full time health service. Montgomery County has had such service, he said, since 1923.

The loving cup awarded as a result of this year's activities is to be displayed in drug stores and public schools and in other public places, so that it may serve as an incentive to continuous work throughout the year.

DR. SAMUEL W. WELCH

Dr. Samuel W. Welch will long be remembered as one of the real benefactors of the people of Alabama. Let those who think of memorials begin laying their plans. Here is a man whose services must be fittingly marked. Nevertheless, if he is not formally memorialized, we may be sure that his work itself will stand to speak for his name.

It was not in the field of pure science that Dr. Welch excelled. He was a competent physician, but did not claim to have originated any new principle in the control of communicable diseases. He was, however, rarely gifted as an administrator. He possessed unerring judgment of the worth of technical men, and was endowed with a fine zeal for his calling. Dr. Welch expanded the Health Department to include all the counties. He took the gospel of health control to the people and won them to his cause. He made public health work popular. He was unyielding in decision, yet tactful and skillful in working out his tasks. He was successful in getting the people behind him. He was successful in getting Governors and State Legislatures to see the reasonableness of his demands for support of public health work.

His work bore good fruit. He developed one of the most famous public health services in the United States. His work in Alabama attracted international attention. It was not at all uncommon to see delegations of health experts from foreign countries on the streets of Montgomery whither they had come to talk with Dr. Welch and the personnel of his organization.

But better than that, Dr. Welch and his organization made Alabama a healthier place to live in. Knowledge of the progressive health service's work in Alabama had spread far and wide over the country, and this knowledge was rapidly interesting the people of other States in Alabama as a place of residence.

Dr. Welch was personally a charming gentleman, witty, breezy and gay of spirit. He kept up the common touch and knew the people of his State and understood their burdens and needs. He brought them to the support of his great enterprise, so much so that we venture to say that when

the time comes to fill his place the people themselves will cast a watchful eye on the State Board of Health. They will expect the Board to exercise special care in choosing Sam Welch's successor!

Dr. S. W. Welch Dies In Sudden Heart Attack

Beloved Health Officer Was Noted Figure In Profession

Ill Short Time State Mourns Loss Of Veteran Official

Dr. Samuel W. Welch, state health officer of Alabama, died suddenly at a local infirmary shortly after 2 a.m. on Wednesday of heart failure. Funeral services will take place at 4:30 p.m. Thursday from the First Baptist Church of Talladega and interment will take place in the Talladega cemetery.

The body of Dr. Welch was sent to Talladega, his home, at 2:30 p.m. Wednesday by the Leak Company. The pall bearers for the funeral will be T. L. Welch, Dr. H. Barton, K. H. Camp, Sam C. Oliver, Dr. A. Duncan, Dr. D. L. Cannon, C. H. Hassen, J. M. Wild, Dr. C. L. Salter, Dr. J. M. Thomas, pastor of the First Baptist Church of Talladega, will officiate. The honorary pall bearers will be the members of the Talladega County Medical Society.

The death of Dr. Welch came as a shock, not only to his friends but to the entire state and the health authorities of the nation. He was a nationwide figure in health work. He was not known to be seriously ill. Early Tuesday afternoon he felt some indisposition and consulted his physician. He was advised to go to a hospital and spend the night and take it easy where he could be looked after.

Heard Heavy Breathing

Dr. Welch retired without complaining to the hospital authorities. It was shortly after 2 o'clock Wednesday morning that a nurse on duty at the hospital heard heavy breathing. She investigated and found the noise came from Dr. Welch's room. As she entered the door Dr. Welch lifted his head from his pil-

low, gasped once and fell back dead. Heart failure was given as the cause of his demise. He did not have time to speak a word to the nurse before death overtook him.

Dr. Welch had frequently mentioned to Dr. Cannon, of his staff, that his heart was giving him trouble but it was not thought that his condition was serious. He had talked with Dr. Cannon about his heart bothering him Tuesday and it was Dr. Cannon who advised him to see a physician.

Dr. Welch served as state health officer for 11 years. When Dr. Welch took office Alabama had an elementary system of disease prevention of only \$25,000. Dr. Welch succeeded the late Dr. William H. Sanders. As soon as he surveyed the situation he became active and aggressive for a health system that would be commensurate with the progress of Alabama. It was not long until his influence was felt in legislative circles and appropriations for his department grew with each succeeding administration, Governors Henderson, Kilby, Brandon and latterly Gov. Graves fell in line with the progressive policies of Dr. Welch and he lived to see the day when Alabama was held up as a model in disease prevention.

Preventable Diseases Less

Under the progressive leadership of Dr. Welch, preventable diseases in Alabama became less and less. He built up the county unit health system. He made Alabama one of the states of the Union where vital statistics are accepted and approved by the government. During his regime as health officer, hook worm was eradicated from the state.

As Dr. Welch's policies bore fruit, state after state in the Nation turned to Alabama as a model. There have been literally hundreds of health experts sent into Alabama to study the methods in use here. And these experts came not only from other states in the Union but from foreign countries. There is hardly a month in the year but what some commission of medical experts from foreign countries does not visit Alabama and study Alabama's health system.

Dr. Welch was what might be termed a benevolent tyrant in office. He ruled with a hand of iron but with a heart filled with kindness and charity. He put down dissension and bickerings among members of his profession without using a kid glove. He often said that the question of health preservation must be kept free from political strife and departmental differences and bickerings among medical experts. He kept his work on that plane and woe betide the man who attempted to drag outside issues into the work of preventing diseases. He was as zealous in saving human life as any life guard who ever dragged drowning persons from the hostile surf. He loved his fellowman and he was ever determined to save him in spite of himself.

The writer of this article once sat in Dr. Welch's office and heard him talk to the president of a great corporation over the telephone. And that conversation was typical of the man. He said, "You'll let the water out of that dam

and clean up the area where the water is impounded or I will come down and let it out for you."

Dam Caused Disease

The dam Dr. Welch was referring to was one that furnished waterpower for the generation of great volumes of electricity. But Dr. Welch said it caused disease among the people living near it and he was not going to put up with disease. Needless to say the dam was opened, the water let out and the area cleansed of decaying vegetable matter. This incident illustrates the manner of the man. The great corporation looked the same to him as the humblest citizen. If that great corporation did not protect the health of even humble citizens living near its impounded water, he proposed to protect and he did protect.

Dr. Welch conceived the idea that Pasteur treatment should be available for the prevention of rabies in different parts of the state. He did not think persons subjected to rabies should have to go to the expense of coming to Montgomery to take treatment and he made the Pasteur treatment easily available in different sections of the state.

Dr. Welch knew that the way to fight disease was to prevent it. He did not believe that people ought to be subjected to disease and then take their chances on being cured. When there was a case of typhoid fever, the whole area around the case was subjected to rigid investigation and preventative measures adopted. During his regime there was no wide prevalence of the disease. He kept it isolated and scattered. And so it was with other preventable diseases. Prevention was his watchword.

Was Near Goal.

Dr. Welch, when he died, was nearing one of the goals of his life's ambition. That was to entirely free Alabama from malaria and he had about succeeded. He also longed for the day when every county in Alabama would have a health unit and had he lived another year he would have seen his vision materialize into fact.

Dr. Welch was jealous of the good name of his native State. The man did not live who could reflect upon the health conditions in Alabama adversely and get away with it. A case in point was the effort of certain New England health experts to prevent the moving of New England industries into the South by giving out statements that Alabama was laden with malaria. Dr. Welch took these men to task and made them admit to the world the falsity of their statements.

Searcher After Knowledge.

Dr. Welch was one of the chief figures in any gathering of medical men in the United States. He made it a point to go wherever the leading men of his profession gathered. He was a searcher after knowledge. He was forever at work studying some problem the solution of which would better his native state.

Dr. Welch received his medical edu-

Shelby makes the fiftieth county to have full time health service. Alabama now has more than 80 per cent of its population in organized health unit counties. Only 17 counties remain out of the fold. They are, Autauga, Bibb, Butler, Chilton, Choctaw, Clay, Coosa, Crenshaw, Etowah, Geneva, Greene, Hale, Henry, Marion, Perry, Randolph, Russell and St. Clair. Activities of the new health unit in Shelby County will begin Jan. 1. At that time a health officer, nurse and secretary will start full time work. A total of 327 persons are thus employed in the 50 organized counties.

He began the practice of medicine at Alpine, later removing to Talladega where he engaged for many years in his profession. Dr. Welch became president of the Alabama Medical Society in 1907. He served as county health officer of Talladega County. Dr. Welch was married in 1900 to Miss Ethel Roberta Cleveland, daughter of the beloved Dr. Cleveland. Dr. Welch is survived by a wife and four children. One of his sons, Oliver Welch, is touring in Canada. He was notified of the death of his father but will not be able to reach Alabama in time for the funeral. A daughter, Miss Willie Welch of Albermarle, North Carolina was notified and will reach Talladega in time for the funeral.

When news of the death of Dr. Welch became known at the Capitol Wednesday morning, an executive order decreed the closing of all capitol offices Thursday afternoon out of respect. The office of Attorney General McCall was closed Wednesday afternoon and will be closed again Thursday afternoon. A large concourse of Capitol friends of Dr. Welch will attend his funeral as will a number of his office force.

174 NEGROES ARE GIVEN TREATMENT

Hospital Makes Report To Chest For July

The Negro Children's Home Hospital, one of the 40 agencies financed by Birmingham's Community Chest, during the month of July cared for 174 persons, including bed and out patients, according to the report submitted by Anna M. Gordon, chief nurse in charge, to Harry J. Early, director of the chest.

A total of 119, all from the city, were admitted to the out patient department and 18 pay patients were admitted, 17 coming from the city and one from the county, while 27 patients, all from the city, were admitted free.

A daily average of 16.9 patients were cared for, with a daily average of 20 cared for in the out patient Department. A total of 39 surgical cases were dismissed from this hospital during July and 186 visits were made by social workers.

For the first seven months of the year, the report also shows that a total of 1,131 patients were cared for, 187 of this number being admitted free, while 81 were pay patients and 822 were admitted to the out Patient Department. Surgical cases dismissed during this period totaled 205.

Shelby Appropriates Health Work Fund

Shelby County made appropriations for health work Monday, it was announced by Dr. Douglas L. Cannon, acting state health officer, yesterday.

Colored Citizens Will Assemble In Interest Of Hospital Movement

Among the colored doctors who will speak at a mass meeting at the Friendship Baptist church at 3 o'clock this afternoon are Dr. C. E. Thomas, Dr. F. D. Jackson, Dr. G. A. Rodgers and Dr. John Elston. The mass meeting is being held for the purpose of completing plans for launching a campaign to raise money for a colored hospital.

The hospital association has already been organized and incorporated. The association owns three lots at Twelfth street and Cobb avenue where the hospital is to be built.

The movement for a negro hospital has been on foot for several months and a great deal of progress has been made. All the colored physicians and leaders are urged to attend and the public is cordially invited.

AUGUST 25, 1928

TUBERCULOSIS AMONG NEGROES TO BE TOPIC

Birmingham, Ala., Aug. 24.—One entire session of the annual conference of the Southern Tuberculosis association which meets Sept. 12-15 in Biloxi, Miss., will be given over to the discussion of tuberculosis among negroes, Richard F. Hudson of Birmingham, secretary-treasurer of the Southern Tuberculosis Conference, said.

"One of the greatest problems now confronting the anti-tuberculosis movement in America is that of finding a way to further reduce the mortality from tuberculosis among negroes.

In-as-much as the death rate from tuberculosis among negroes is from three to four times as great as the death rate among whites, and as the death rate among negroes in the cities is increasing, while the white rate is decreasing, the interest in this subject is widespread."

Mr. Monroe N. Work, director of record and research at Tuskegee Institute, Alabama school for negroes, will preside at the session.

TUBERCULOSIS AMONG NEGROES IS PROBLEM

Will Be Discussed By The Southern Tuberculosis Association

BIRMINGHAM, Ala., Aug. 27.—(AP)—One entire session of the annual conference of the Southern Tuberculosis Association, which meets September 12-15 in Biloxi, Miss., will be given over to a discussion of tuberculosis among negroes. This was announced here by Richard F. Hudson, Birmingham, secretary-treasurer of the conference.

"One of the greatest problems now confronting the anti-tuberculosis movement in America is that of finding a way to further reduce the mortality from tuberculosis among negroes," Mr. Hudson said.

"Inasmuch as the death rate from tuberculosis among negroes is from three to four times as great as the death rate among whites, and as the death rate among the negroes in cities is increasing, while the white race is decreasing, the interest in this subject is widespread."

Dr. Monroe N. Work, director of records and research at Tuskegee Institute, will preside at the session. The problem will be discussed from an economic viewpoint by S.

Health - 1928

NEWS

Camden, Ark

FEB 3 1928

Adv. F-1-2t.

STATE NEGRO HEALTH
WORKER TO BE HERE

Mrs. F. C. Williams, state negro health worker, will speak to the negro teachers at the Camden public school at 2 o'clock Saturday afternoon, February 4.

It is hoped that the 21 teachers who have not reported their work for the Tuberculosis Association will be ready with a good report Saturday. Cleo Anderson McDonald, chairman of this work, reports that \$87.00 has been collected. She suggests that those schools which have not raised anything for this work, give a special entertainment to raise a contribution.

An itemized report will be published next week and the work of the prize winner be published in every negro paper in the state.

LITTLE ROCK
ARKANSAS

APR 4 1928

HEALTH DISCUSSED AT
LOCAL NEGRO SCHOOLS

Plan Inaugurated by Booker T. Washington, Leader of Race, Is Being Observed Here.

Negro Health Week, instituted by Booker T. Washington, is being observed in Little Rock this week. Negro leaders are taking active part in directing the work of the campaign of cleaning up and painting and improving the neighborhoods in which negroes live and have their schools. Physicians and health workers are aiding in the work, delivering lectures on health and cleanliness.

Yesterday morning Dr. G. W. Hayman spoke at Arkansas Baptist College; S. S. Taylor, teacher of hygiene, spoke at Philander Smith College; Helen Heard, Annie Waterford and W. Hyman King, all faculty members, spoke at Shorter College; Dr. J. G. Thornton spoke at

the negro Junior High School; Dr. R. J. Meaddough and Dr. A. H. Brown spoke at College Station, and S. E. Hart, trained nurse, spoke at Hickory Street High School in North Little Rock.

This morning Dr. A. H. Brown and Dr. Meaddough will speak at the negro public school at Sweet Home, and Dr. H. A. Powell at College Station. Dr. Thornton will address the Gibbs High School students, and all other negro schools likewise will be visited.

Tomorrow all of the negro schools will celebrate Booker T. Washington's birthday.

Arkansas.

Health - 1928

Connecticut

BROOKLYN EAGLE

SEP 23 1928

Alcohol Deaths Highest Among Negroes; Mortality Up Also Among White People

(Special to The Eagle.)

New Haven, Conn., Sept. 22—At the instance of Haley Fiske, president of the Metropolitan Life Insurance Company and a director of the Association Against the Prohibition Amendment, a letter has been sent to Prof. Irving Fisher of Yale University by Louis I. Dublin, statistician of the Metropolitan Life, giving statistics for Professor Fisher's forthcoming book, "Prohibition Still at Its Worst," on the death rates from alcoholism, according to the company's experience in Eastern United States and Canada. Mr. Dublin says:

Death Rate High Among Negroes.

"Very recently we have analyzed the alcoholism mortality by color, and I am enclosing a table showing the death rates from 1911 to 1927. This table is of considerable interest. It shows first of all that whereas in most of the pre-Prohibition years the alcoholism death rate among white industrial policy-holders was much higher than among the colored, the contrary has been true since the first year of national Prohibition. It shows, furthermore, that the death rate for both white and colored has been showing a decided upward trend since 1920, but that despite this the rate for the whites has not, as yet, attained the level of years prior to 1918. On the other hand, with the colored (of whom 2,500,000 are insured with us) the death rate for 1926 was the highest we ever experienced for Negroes; and that for 1927 was exceeded only once, namely, in 1917. The death rate for alcoholism among insured Negroes has actually averaged higher during the eight years of Prohibition than during the nine years immediately preceding it.

Among Middle Classes.

"We have also been studying our alcoholism mortality among the policy-holders in our ordinary department. You will understand that this is a group of higher economic status than those insured in the industrial department. The ordinary policy-holders pay their premiums annually, semi-annually or quarterly and carry insurance in much larger amounts than do the industrial, who

pay in small weekly premiums. The former are made up largely of 'middle-class' people and include many thousands of those who are still better situated. The industrial policy-holders are a group of wage-earners and their families. The alcoholism death rate in the ordinary department has always been much lower than in the industrial. The mortality shows the same increasing tendency since 1920 as does that for the wage-earners. With the ordinary policy-holders, however, the alcoholism death rate has increased since Prohibition, until during the two latest years it was actually higher than in seven of the nine pre-Prohibition years in our series."

For each group, Dr. Dublin says, the "cirrhosis of liver death rates are running lower than in the pre-Prohibition period. It is only fair to say, nevertheless, that the downward trend had set in prior to Prohibition and was more pronounced before 1920 than since."

Death Rate in Canadian Industries.

Concerning the alcoholism death rate of Canadian industrial policy-holders, who now number approximately 1,200,000 and are represented in all the provinces, with the largest numbers in Quebec and Ontario, the two most populous ones, Dr. Dublin says:

"Year after year, without exception, their death rate has been much lower than for the insured in the United States. Considerable interest was manifested in what would happen last year in Canada when legislation became effective permitting increased sale of alcoholic liquors under Government regulations. In some quarters the opinion was expressed that there would be an increase in the alcoholism death rate. No such increase took place in 1927, and the figures for the first quarter of 1928 do not indicate that the alcoholism death rate is running any higher than before in Canada."

Fairness to the Wets.

"In fairness to the wet side of the discussion of deaths from alcoholism," Professor Fisher said, "I am giving this statement more at length than space limitations will permit in 'Pro-

hibition Still at Its Worst.' But it will also be considered in the book.

"Dr. J. J. Seelman of Milwaukee, Wis., a member of the Association Against the Prohibition Amendment called my attention to the study by John K. Gore, vice president and actuary of the Prudential Life, which shows lower general death rates for England and Wales than for the United States. Dr. Harvey W. Wiley of Washington, D. C., comments on Dr. Seelman's apparent inference that the drinking of alcoholic beverages conduces to longer life, that he has 'assigned the wrong cause.' Dr. Wiley says:

Dr Wiley's Views.

"There are many localities in Europe, especially in the south of Europe, and in India over the whole country, where the death rates for all diseases are far greater than they are in the United States. It would be in harmony with your (Dr. Seelman's) reasoning to ascribe these higher death rates solely to the excessive use of alcohol and resultant drunkenness. I have observed also the statistics of prosperity of the United States which are so startling as to create comment over the whole financial world. This increased prosperity also, according to your method of reasoning, is due to the increased consumption of alcohol and alcoholic beverages."

Health - 1928

THIRD ANNUAL MU CRUSADE FOR HEALTH

Medical Fraternity To Begin
Campaign May 1, With
Lectures and Clinics

Washington, D. C., April 24.—The health of a nation is its greatest asset; the hope of a nation lies in the health of all its people regardless of social strata; the happiness of any nation is the sum total of the happiness of its many units—the families. To assure the health and happiness of the many families and prevent the great economic loss to this country by the 500,000 deaths occurring annually from preventable causes has been the stimulus for the conduct of the Annual Crusade Against Disease by the Phi Delta Mu Medical Fraternity.

The crusade this year will be conducted during the week of May 1st to 7th inclusive. The public is to be reached through the pulpit, the press, and through lectures and clinics held in the public schools and at Howard University. The slogan "Health is Wealth; Get It; Keep It." is to carry its sunshine into every home.

The outstanding feature will be a mass meeting held Thursday night, May 3rd in the auditorium of the new Medical School of Howard University. A large audience is expected to hear the discussions by prominent physicians on modern methods of disseminating the doctrine of preventive medicine. "An ounce of prevention is worth a pound of cure." "Health is Wealth; Get It; Keep It."

—Savannah, N. C., Times-News

Friday, May 11, 1928

NEGROES TAKE STEP TO IMPROVE HEALTH

WASHINGTON, May 11.—A nation-wide survey of negro hospitals of the country is to be undertaken early in June in the hope of improving health and hospitalization for the negro race, Dr. Algernon B. Jackson, director of the department of public health, Howard university, announced here today.

NEGROES TAKE STEP TO IMPROVE HEALTH

WASHINGTON, May 10.—(P)—A nation-wide survey of negro hospitals of the country is to be undertaken early in June in the hope of improving health and hospitalization for the negro race, Dr. Algernon B. Jackson, director of the department of public health, Howard university, announced here today.

D. C.

Health - 1928

EVERY EVENING
WILMINGTON, DEL.

MAR 26 1928

GOVERNOR ENDORSES
NEGRO HEALTH WEEK

A committee of Negro citizens conferred with Governor Robinson in his office at the First National Bank Saturday morning, in the interest of Negro Health Week, which will be observed over the country the week of April 1-8.

The governor, who received the committee very cordially, stated that he would give his full endorsement to the movement in the state of Delaware, and assured the committee that he would issue a statement to that effect this week.

The members of the committee were Dr. J. Bacon Stubbs, chairman, Revs. J. Raymond Brown and Daniel Lyman Ridout, Elmer E. Stubbs, and Isaac Kent.

NEWS

Board of Health activities had a marked effect. There were 2,402 deaths among Negroes in 1927, making a total of 3,007 deaths which was a decrease of more than 400 compared with 3,477 deaths in 1926.

The rate for the State was 1,250 per 100,000 population. The white rate was 1,200 per 100,000. There were no deaths from smallpox or malaria.

Heart disease headed the list as the chief fatality and the next in ratio were cerebral hemorrhage, nephritis, cancer, pneumonia, tuberculosis. Almost astounding results have been obtained in the fight against tuberculosis. Ten years ago, tuberculosis headed the list but now it is sixth in place. A comparison of the reduction observed over the country the week in various diseases for the past two years is interesting.

	1927	1926
Heart disease	430	562
*Cerebral hemorrhage	360	336
Nephritis	313	397
Cancer	235	237
Pneumonia	231	316
Tuberculosis	222	262
Diphtheria	13	18
Whooping Cough	11	21
Typhoid Fever	10	14
Scarlet Fever	2	5
Measles	1	52

Delaware.

MAY 17 1928
DEL. DEATH RATE
SHOWS DECLINE

Mortality Lowest In History
State Board of Health.

There was a marked decline also in diarrhoea and enteritis one of the chief causes of deaths of infants. The total number was 81 in 1927 compared to 103 in 1926, 41 of which were under one year of age compared to 70 for the year 1926.

Final figures tabulated this week for 1927 show that Delaware's mortality was the lowest last year of any year since mortality records have been kept. Dr. Arthur T. Davis, executive secretary of the State Board of Health, pointed out that a very large majority of diseases where the death rate was lowered was among what is known as preventable ills, in which the State

Health-1928

Tampa, Fla., Tribune
Thursday, April 24, 1928

Mortality Figures For State in 1927 Are Reduced 2000

JACKSONVILLE, April 25.—(A.P.) Florida is getting to be a healthier state to live in as each year rolls by, if mortality figures just announced by the bureau of vital statistics, state board of health, are to be taken as an indication.

The figures show that in 1927 a total of 18,143 persons died in the state, or nearly 2000 less than the number for 1926, which was 20,029. The rapid multiplication of the state's population, naturally increased the mortality rate, as in 1917 a total of only 11,992 persons died, or about 6000 less than last year.

The records for 1927 list the deaths of whites at 10,857 and negroes at 7286, compared with 12,138 whites in 1926 and 7891 negroes. Of the total dying in 1927, non-residents numbered 628. Of that number, 552 were whites and 76 negroes.

Flagler county, with its small population, comparatively speaking, recorded the lowest number of deaths last year, 12 in all, among the white residents, while in Collier county not a negro died.

The largest counties of the state from a standpoint of population, of course, showed the greatest mortality, with Duval leading, with 2292 deaths. Hillsborough was second with 1761 and Dade next, with 1530.

TAMPA, FLA.

Time
AUG 6 1928

Negroes Hear Health Sermon by Mackler

Capt. M. J. Mackler, who is assistant chief of the city when he is not falling off horses for Uncle Sam, added a new role to his repertoire last night when he addressed the congregation of St. Paul's negro Methodist church.

Captain Mackler told of the work the health department is doing and urged his hearers to co-operate in an effort to keep down the infant mortality rate among negroes of Tampa. He also warned them against patronizing fake healers of the city.

Jacksonville, Fla., Times-Union
Thursday, September 25, 1928

Negro Doctor of U. S. Health Service Here

To spend several months in the state on an educational mission of social hygiene, Dr. R. B. Stewart, negro physician of the United States Bureau of Public Service, is in Jacksonville. Dr. Stewart was in conference here yesterday with Dr. F. A. Brink, director of the bureau of communicable disease of the Florida State Board of Health. During his stay in the state, the negro physician plans to visit the more populated areas, making direct contact with the members of his race and co-operating with the negro doctors of the state and officials of the State Board of Health.

SENTINEL

Orlando, Fla.
SEP 1 1928

TUBERCULOSIS AMONG NEGROES AND INDIANS

Before the Civil War the percentage of tuberculosis among negroes was exceedingly small. Indeed, to be a negro was considered as a predisposition against the contraction of tuberculosis. But with the coming of freedom that brought lack of suitable clothing for winter because of poverty and unsanitary conditions as large numbers of negroes gravitated to populous centers, tuberculosis took hold upon the negro population.

Its spread was rapid due to lack of proper precautions; and for years the "white plague" has taken heavy toll of the negro race in the United States. Not only has it proven a problem and a menace to them adding largely to the high death rates of that race, but through contact with white people as servants it is quite probable that they have added to the total number of cases there.

In the control of tuberculosis and in the elimination of contagious diseases generally it is a poor policy to overlook the housing and sanitary conditions of those sections of a city where the poorer part of the population live in congested conditions whether they be white or black. The carriers of disease very easily cross the boundary lines of space regardless of the imaginary walls of social differences. Often in clean-up movements but the more favored sections of a city where visitors are wont to go are taken into consideration while the poor side streets and alley are overlooked. And in the long run, the penalty is paid in human lives.

As with the negro, so with the Indian. The Bureau of Indian Affairs points out that tuberculosis constitutes one of the greatest health problems with which they have to deal. It is particularly prevalent among Indian school children. It would seem that they, too, pay a penalty for close confinement.

Florida

Health-1928

HEALTH OF THE NEGRO IMPROVING RAPIDLY.

THE record seems to indicate that the health of the Negro is improving at a satisfactory rate. Evidence accumulates that yellow fever has its natural home in a comparatively limited area in southwest Africa. Most of the old time argument that yellow fever could not have come from Africa was based upon the freedom of Memphis, Alexandria, and Cairo from this disease during all recorded history. These cities are located in north-east Africa, a region which yellow fever has not threatened.

The small section of the west coast to which the disease is limited happened to be the very section from which slaves were shipped to America. Therefore we may feel certain that slavery brought yellow fever to America. It has also been claimed that African slavery introduced typhoid fever and malaria into America. The proof as to the importation of these diseases is not so convincing.

It is argued that the Negro was so long subjected to malaria, typhoid and yellow fever in Africa that he has become partially immune to them. Certain it is that he stands all three diseases better than the white man does, whatever the reason may be. Considering the chances he takes he is less frequently infected and, if he does contract one or the other, he stands a pretty good chance of recovering.

However, the Negro death rate is now, and always has been, higher than that of the white man. His increase in population, due to excess of births over deaths, has never equaled that of the whites. By decades this increase was as follows:

1800	.....32.33 per cent
1810	.....37.50 per cent
1820	.....28.59 per cent
1830	.....31.44 per cent
1840	.....23.40 per cent
1850	.....26.63 per cent
1860	.....22.07 per cent
1870	.....21.35 per cent
1880	.....22.05 per cent
1890	.....13.8 per cent
1900	.....18 per cent
1910	.....11.2 per cent
1920	.....6.5 per cent

It will be noticed that the increase under slavery was considerably higher than it has been since slavery was abolished.

A good part of the decline of the increase in population is due to decrease in the birth rate. Taking the whites as a whole, the white birth rate is higher than that of the Negroes.

The experience of the last 25 years indicates that the health of Negroes can be greatly improved. Their consumption rate is high, but it is falling rapidly.

They do not often have "galloping consumption" now. Twenty-five years ago the disease rather generally took that form. They have a very high pneumonia rate, but when health departments go after pneumonia, the Negro death rate from that disease will drop. They suffer unduly from rickets, but the battle to control that disorder is being diligently waged. They have a high venereal disease rate, but the experience of the army during the world war showed that bringing down the venereal disease rate of Negro troops was not difficult.

PIONEER PRESS

ST. PAUL, MINN.

JUL 9 1928

A Rising Negro Death Rate.

A rising death rate among the Negro portion of the American population is indicated by reports of the United States Census bureau, now brought up to include 1925. The reports show a death rate per 1,000 of 15.6 in 1922, 17 in 1923, 17.6 in 1924 and 18 in 1925. During this time the death rate of the white portion of the population declined somewhat. The health trend among whites was upward and among Negroes downward, as indicated by the mortality records.

Measured in decades instead of a few recent years, it is no doubt true that health conditions among the Negroes of America have greatly improved. More Negroes died in the epidemics following the Civil War than all the whites lost to the South in battle. The Negro population has increased from about 4,500,000 to more than 10,500,000 since the Civil war. Death rates, while at present rising, are considerably lower than 25 years ago.

Standards of living and medical service have improved, industrial and domestic surroundings generally are thought more healthful, yet the Negro race at present shows declining vigor. One reason is to be found in the shift of the colored population. The outdoor life of the southern plantations comes nearest to the native African habitat of the Negro. The great northward movement of the colored population has not been good for his health. He can not well stand the rigorous northern climate nor the confinement of industrial employment in the cities of the North. For example the death rate among urban Negroes of New York was 25.6 and among those of North Dakota it was 78 in 1925, while among the plantation Negroes of Alabama and Mississippi it was 13.8. For a hundred years the colored proportion of the total American population has been declining. There are many indications that this tendency will go on.

General

THE "DECLINE AND FALL" OF THE WHITE RACE

THE ARDENT ADVOCATES of birth control in England, it is claimed by some, are not quite so sure of themselves as they were formerly, but, remark anxious observers of what is called "the twilight of the white race," their doubts have come too late. Thus attention is called to the amazingly low level of the birth-rate of England and Wales, which last year fell to 16.7 per thousand of the population, as compared with 24.1 in the year 1913. A greatly concerned observer of this record is Sir Leo Chiozza Money, who expresses it as his conviction that not a single person in Britain ever imagined that so low a figure would be reached so soon. By nature, he tells us in the *London Evening Standard*, he is an optimist, yet, he points out, a reasonable optimism must have ground for existence, and he confesses he can see no redeeming feature in the unseemly haste with which the races that ought to continue to lead the world are treading the "path of decay and surrender." He continues as follows:

"The ancient conception of warfare was to destroy the enemy nation. The irony of war and peace in our time is that, while war is incapable of destroying the enemy, we preach in peace that salvation is to be sought in national self-immolation. The Germans having failed to destroy us, we are destroying ourselves. What, indeed, has posterity done for us that we should concern ourselves with its existence?"

"We shall do well to regard the population question as more than a national issue. It is a racial issue with which is intimately bound up the future leadership, composition, and color of the world. All the white nations are infected with the same disease. The white population of the world numbers no more than one in three of the whole, and we are threatened with a great decline of the white peoples—a decline both relative and actual."

"The decline and fall of the Empire of the Whites thus becomes a possibility in a future by no means remote, for the sapping of population is increasing with an incredible rapidity. Childless marriages are being followed by the increasing refusal of men to marry emancipated women. How, then, will the decline of the white peoples be met in relation to the problems of peace and war? What is likely to be done, and what will follow upon what is likely to be done?"

"The case of France is full of instruction. France imports white men to meet the necessities of her peace economy, and trains black men with a view to the battles of the future. The southwest corner of France is being repopulated with Italians, but that is a process which can not go on forever, because the Italian birth-rate is also falling. In all the great French Empire outside France there are only some 1,300,000 white people. The French Budget provides for a considerable establishment of black soldiers, numbering some 160,000. So we see a great white nation, which has failed to maintain itself by virtue of its own increase, taking the terrible and far-reaching step of building up a great African army of mercenaries. Some of these, as we know, were actually employed to occupy German territory."

If we consider that this is a peculiar case, Sir Leo goes on to say, and that other white nations are not likely to follow such an example, it must nevertheless be remembered that the British brought Indian soldiers to fight on the fields of France because they were driven by the necessities of a desperate case, and, "desperate cases recur." It is unfortunately impossible, he avers, to rule out the possibility of the introduction into Europe of colored laborers to take the place of an unborn white generation,

because—

"When a nation has grown accustomed to the use of colored mercenary troops, it is not a very big step to the employment of indentured colored laborers. The world at large has afforded already too many examples of the process of garnering wealth with the aid of colored labor forces recruited from afar. Consequent racial and political problems of an insoluble character are scattered about the world. There appears to be no limit to the possibility of human folly in this particular matter.

"Take the case of the United States. It was not considered bad enough to contemplate the existence within American borders of the 13,000,000 negroes and mulattoes descended from the human cargoes brutally shipped from Africa in evil far-off days. It was not sufficient that this colored population was segregated in the Southern States. America must needs place a ban upon white immigration, and thus, through the shortage of labor created in her Northern cities, build up in each great industrial town a negro quarter!

"In face of this choice example of incredible folly, who will be bold enough to say that the coming shortage of white population in Europe will not be supplemented by colored importations? It is a shorter journey from North Africa to France than from Kentucky to Buffalo.

"Whatever happens in that regard, we have to anticipate with certainty a Europe seriously reduced in numbers, and perforce compelled to lay down world leadership. The European emigrations will entirely cease. The industry and wealth of Europe will contract, both from lack of consumption and from the lack of initiative that goes with decadence. The British Empire will necessarily dissolve, for there will not be enough white blood to maintain it."

Turning his eyes toward the white world outside Europe, Sir Leo asks whether one may look to the British Dominions or to America to take up what Europe resigns? As far as the Dominions are concerned, he advises us that we face the fact that in the whole of the British Empire outside the United Kingdom, in 1928, there are hardly more than 18,000,000 white men, women, and children, and that "these are adding to their numbers very slowly." We read then:

"There is no certain ground for believing that the population of the United States, which is now almost one-fourth the size of that of Europe, and includes a proportion of colored people (one in nine), will be maintained. The birth-rate of America is falling and will fall, while white immigration from Europe, which so rapidly built up her heterogeneous people in the past, will not need to be kept in bounds by a quota law; there will be no European emigrants to 'select.'

"From time to time we have talked of a Yellow Peril. What did it amount to, this talk, but that the Yellows would learn to use modern arms, and by sheer weight of numbers conquer the whites? What was meant by conquer? The conception, obviously, was one of the barbarous destruction of the whites. It will be perceived that such carnage is becoming entirely unnecessary as a means of conquest.

"The same end is appointed to take place quite bloodlessly by the will of the white peoples themselves, who gladly hail as saviors those who preach the alluring gospel of going without children as the shortest cut to Better Times.

"It would appear, therefore, that having taught the colored races so many things without earning anything remarkable in the way of gratitude, we might possibly consider the advisability of inoculating them also with the doctrine which has so successfully brought the question of a declining population within the scope of practical politics."

By way of contrast to the foregoing criticism of the racial poverty of the whites, we have the statement of Sirdar Ikbal Ali Shah in *The Criterion* (London), in which he declares that the

gulf separating the peoples with skins differently pigmented is, in a sense, wholly mythical, and this well-known publicist in British organs goes on to say:

"Men in all parts of the world are prone to imagine that gulfs really exist. In the British Isles a gulf is set between Saxon and Celt, which takes much searching to perceive, and between Englishman and Irishman, and between Scotsman and Englishman, and in Scotland, between Highlanders and Lowlanders, and even in the Highlands, as the summer tourist discovers, between west coast man and east coast man. Among the Easterners there are many similar gulfs; there are Parsees, Hindus, Mussulmans, and so on, and numerous subdivisions, and there are lands in which racial gulfs are bridged by the idea of nationality, as is the case in Europe. Between the Easterner and Westerner there is often found more in common than between two groups of Easterners. And in Europe East and West are sometimes more intimately associated than is one part of the West with another. The Indian soldier who fought in France and Belgium is more of a brother to Englishman and Frenchman than is the Hunnish despoiler of cities and the enemy of freedom and justice."

TIMES

WASHINGTON, D. C.

NOV 2 1928

NEGRO HEALTH PLAN FRAMED

Under the direction of Surg. Gen. Hugh S. Cummings, of the United States Public Health Service, plans were launched for nation-wide attention to negro health during the annual campaign in the spring of 1929, from a nucleus of local colored physicians headed by Dr. Roscoe Brown, one of the two colored physicians of the public health service.

Though there is a declining adult mortality among the colored people whose population increase has been subject to the general laws of advancing civilization, there is an all too high death rate among colored infants in the cities, according to Government statistics.

Life insurance are affected by health conditions less than the best and the problem is a national one.

Posters, clinics and lectures by physicians and social workers are being arranged as an educational campaign to make America healthy by direction of the United States Public Health Service co-operating with state and private agencies.

Health - 1928

Urges Study of Negro Health Conditions

NEW YORK.—(A. N. P.)—There is need for a medical missionary movement in the United States, declares a writer in American Medicine. Possibly one might suggest more definitely the need of a medical missionary movement in the United States for changing some mortality facts that stand out in the mortality rates of the registration area of the United States during 1925, the writer adds: 28

"The mortality rate of the colored population of the United States," he continues, "is outrageously high in comparison with that of the white population. In the registration area of the continental United States during 1925 the mortality rate per thousand population was 11.2 for the white and 18.2 for the colored, and these figures obtain likewise for the registration States as a whole.

"In the cities in the registration States, however, the mortality rate for the whites was 12.2 as compared with 23.5 for the colored. This is in sharp contrast with the figures for the rural districts of the registration states, wherein the mortality rate for the white was 10.2 and the colored 15.2. The dysgenic factors at present existent in cities for the colored people is further exemplified in the mortality rates in registration cities in the non-registration states, where the white mortality was 13 and the colored 23.4.

"It is unnecessary to go into specific details concerning these variations in mortality rate. It is obvious that the colored mortality rate is entirely out of harmony with what would be the fact if our present knowledge concerning the prevention of disease were properly employed and if there were adequate medical care for those already afflicted with disease. The fact that the major disproportion in these mortality rates exists in cities indicates there is ample need for investigation of health work in large cities.

"A more complete understanding of the colored citizens should be obtained. Patently, the exceedingly high mortality rate of the colored race is not due to inherent physical weakness. The difference between the mortality rates under urban and rural conditions attests this. There must be definite phases of urban life which run counter to the physical welfare of the colored race. To the extent that these are permitted to continue without a definite attempt to overcome them, the mortality rate of the colored people must be regarded as partially due to the negligence, the indifference or the stupidly of the white race."

NEGRO DEATH RATE HIGHER THAN WHITE

National Rate For 1927 Placed At 11.4 Per Thousand Persons

WASHINGTON, Dec. 27.—(A. N. P.)—Recording the national death rate for 1927 at 11.4 persons per 1,000 population, the Department of Commerce reported today that the state of Idaho had the lowest rate with 7.1 per 1,000 population and the highest rate of 13.9 occurred in California, Vermont and New Hampshire.

The national death rate was estimated from the deaths reported in the 42 states and the District of Columbia which have official systems of registering births and deaths.

In 11 states of large negro population, separate death rates were figured for white and negro inhabitants, and in all of these the negro death rate was materially higher than the white. The highest death rate for negro inhabitants was 21, assigned to Kentucky, while the lowest was 12.8 in Arkansas.

The 1927 death rates per 1,000 population by states included:

Arizona, 12.8; California, 13.9; Colorado, 12.2; Connecticut, 10.2; Delaware, 12.4; Idaho, 7.1; Illinois, 11.4; Indiana, 12; Iowa, 10.1; Kansas, 10.2; Maine, 13.8; Massachusetts, 11.6; Michigan, 11.3; Minnesota, 9.2; Missouri, 11.6; Montana, 7.5; Nebraska, 8.9; New Hampshire, 13.9; New Jersey, 11.2; New York, 12.3; North Dakota, 8.1; Ohio, 11; Oregon, 11.5; Pennsylvania, 11.4; Rhode Island, 11.2; Utah, 9.1; Vermont, 13.9; Washington, 10.2; West Virginia, 10; Wisconsin, 10.1; Wyoming, 8.2.

Alabama, 10.6; white, 8.6; negro, 14.3. Arkansas, 9.5; white, 8.4; negro, 12.8. Florida, 13.3; white, 11.7; negro, 16.9. Kentucky, 10.7; white, 9.8; negro, 21. Louisiana, 12.3; white, 9.5; negro, 17.4. Maryland, 13.2; white, 11.8; negro, 20.6. Mississippi, 13; white, 10.4; negro, 15.3. North Carolina, 11.4; white, 9.7; negro, 15.5. South Carolina, 11.8; white, 9.4; negro, 14.3. Tennessee, 11.7; white, 10; negro, 19.6. Virginia, 11.3; white, 9.5; negro, 15.9.

HEALTH WORK AMONG NEGROES

The impression that the colored race is dying out in the United States is not well founded, according to Dr. Louis I. Dublin, statistician of the Metropolitan Life Insurance Company. Addressing the Interracial Conference the other day, Dr. Dublin said that the negro is receiving a large share of the benefits of sanitation and public health work, and that "his expectation of life today is the same as that of the white man only thirty years ago."

The whites in the United States gained 16 per cent in numbers between 1910 and

General.

1920 while the negroes gained only 6 per cent, but Dr. Dublin says this was due principally to white immigration. The fact that the general death rate of negroes is still about two-thirds higher than that of the whites is due largely, he says, to a high tuberculosis rate and to disease at the younger ages. Both of these tendencies can easily be corrected, and will be, he adds.

It is certainly true that the negro has benefited a great deal from public health work in the South. State and city health departments in this section have devoted particular attention to the health problems of negroes, and good results are to be noted.

NEW YORK WORLD

DEC 19 1928

THE HEALTH OF NEGROES

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That the whites in the Nation gained 16 per cent in numbers between 1910 and 1920 while the Negroes gained only 6 per cent, was due mainly to white immigration. It is true, Dr. Dublin says, that "the general death rate of the Negro is still about two-thirds higher than that of the whites," but this is due largely to a high tuberculosis rate and to disease

at the younger ages, both of which tendencies can easily be checked, and will be.

Negro health progress may slow up for a time because of heavy migrations from the Southern country to Northern cities, but "the newcomers will catch up economically with their fellows" and avail themselves of "the newer knowledge" of personal and community hygiene. That they are eager to do so seems evident from the account given yesterday by R. L. Bruce of the instant success of the Paul Lawrence Dunbar Apartments built in New York by John D. Rockefeller jr.

NEGROES AND DEATH RATES

The health of the people is their working capital if they are a producing people. The health of those who labor is vitally important in an economic way. The country in which workers of all classes, especially the laborers on the farm, are at as nearly full potentiality in man-power as possible, has its best chance of prosperity. Now the South

is a producing area; it is largely agricultural; there are many workers upon whose ability to work depends the productive prosperity of the land. It is therefore especially necessary that health be guarded in the South. Something of the health conditions of a region is shown by the death rate. In the country at large the death rate is lower than ever, 11.4 per thousand population. Idaho has the lowest recorded rate, 7.1; California and Vermont and New Hampshire show the highest death rate, nearly twice that of Idaho. Let us look at the rate in the Southern States: Georgia is not included in the figures, because our law as to vital statistics is not yet perfected so that Georgia's condition can be shown in figures. Virginia and Tennessee, North and South Carolina have a rate almost on a par with the average for the country at large; Alabama is a little lower than the average; Arkansas is considerably lower; Maryland and Florida are considerably higher and Louisiana and Mississippi are higher than the average. But in the South the negro population plays a great part. The negroes are mostly of the laboring class, and many of them agricultural producers. The rate for every Southern State is increased by the number of deaths of negroes. In every one of the states mentioned the rate for the white people is from two to three in 1,000 lower than the average for the country; while the rate for the negroes is from two to seven in 1,000 higher than the average. The logic of the analysis is clear, even in an economic consideration of the fact that efficiency of labor is dependent upon health and productive labor is largely done by the negroes in these Southern States: The deduction is that more must be done to improve health conditions among the negroes. It is a hard task; steadily it is being done, by white leaders and by here and there exceptionally earnest and intelligent colored leaders. The great opportunity for health record improvement in the South is among the negroes. This work must

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MONTGOMERY, ALA.

DEC 24 1928

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Health - 1928

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General

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PRECAUTIONS AGAINST FLU

A booklet published by the Union Central Life Insurance Company of Cincinnati contains some timely information concerning influenza. While, up to the present time, as the booklet points out, bacteriologists and physicians have not discovered any really effective method for the prevention or treatment of influenza, there are certain facts that are fairly well established. Among them are the following:

(1) The disease is most prevalent and fatal before the age of forty or forty-five. Robust health offers little or no protection.

(2) Exposure to persons suffering from the disease is dangerous.

(3) An ordinary slight cold may suddenly be followed by a very severe pneumonia.

(4) Pneumonia, of a catarrhal type, is the usual cause of death.

(5) Overcrowding, over-exercise, nerve strain and excitement, and overeating, especially of meats, appear to be harmful.

(6) The disease seems less likely to attack the poor man than those in better circumstances.

Among the suggestions offered in the booklet for the prevention of flu are the following: Avoid persons who have the disease or who are coughing and sneezing. Avoid crowds, ill-ventilated places, over-exercise, over-excitement, and do not eat too much meat. Eat plenty of fruits, especially oranges, and drink lemonade.

UNION

MANCHESTER, N. H.

24 1928

THE SURVIVAL OF THE NEGRO IN AMERICA.

The report of a survey of the health of the negro in the United States made by Dr. Louis I. Dublin, in The Annals of the American Academy of Political and Social Science, throws an interesting light on the survival of the colored race in America. Dr. Dublin is statistician for the Metropolitan Life Insurance Company, and he bases his conclusions on materials collected over a period of years by that company among its two and a half million negro policy holders. These policyholders are largely urban—workers in industry, but Dr. Dublin believes that the facts gathered concerning them are fairly representative of the negro population as a whole.

While in every period, from infancy to old age, the negro death rate is much higher than that of the whites, Dr. Dublin finds that during the past twenty years this rate has been materially reduced. Whereas in 1911 negro deaths averaged 17.5 per 1000, in 1927 the ratio had been reduced to 14. This drop of twenty per cent he attributes to the great development of health activities that has been made in all the negro communities. This development has affected not

only home conditions, but the general economic status of the negro as well, and there can be no doubt that he has shown as pronounced an improvement in response to the measures that have been taken, as would be obtained among whites under similar circumstances.

Upon the basis of this fact, Dr. Dublin draws

two conclusions of broad sociological value. The opinion has been widely held that the negro will never be able to adapt himself to the northern climate, and that as a result he is destined to extinction in America. But this opinion appears to be wholly unjustified, for not only has the negro already attained a life expectancy equal to that of the white man thirty years ago, but he shows no greater lack of stamina under unfavorable health conditions than is shown by other races. In fact, several foreign races in our congested cities today, living under the same conditions, show a higher mortality rate than the negro. This seems to indicate that, given the same economic and hygienic opportunity, the negro stands as good a chance to survive as any other race.

It has been maintained that the negro race is more susceptible to the diseases peculiar to civilized society than the white man, but this contention Dr. Dublin believes also to be unwarranted. For while it is true that color does exert an influence over disease, this influence is advantageous as well as detrimental. Whereas the negro shows a somewhat greater susceptibility to some diseases than the whites, in others he exhibits a greater immunity, and on the whole his health, or lack of it, depends upon such factors as ignorance, poverty, and lack of medical care, which determine health generally

Dr. TROY SMITH

Gives Expert Advice
on the Prevention
on Disease.

MIGRATION AND NEGRO HEALTH

There is no question that the migration of the Negro from the south to the north has partially hindered his health record since the great world war, yet as time goes on there is seen a gradual improvement of health conditions among Negroes.

It has not been long ago that some students of Negro health conditions even went so far as to predict that the colored race in this country was headed for extinction. These same students will have to change their story when they study the statistics of the birth and death rate among Negroes.

It is a known fact that "during a period in which we have had a World War, two great epidemics of influenza, and a great migration of Negroes from the farms of the south to the cities of the North, the colored race has registered a declining death rate." Colored men who left for the south, exchanged, for the most part, agricultural work for work in the iron and steel mills, the coal mines and other fields of labor in which the Negro, brought up in a rural environment, was not expected to thrive physically. Many of these Negro migrants suffered seriously from inadequate housing. Others were not informed concerning the proper hygiene and sanitation and the modes of the prevention of disease, in northern climates, but as these factors were properly brought to their attention by means of health articles, social service work, etc., they have admirably adopted themselves to the situation.

The housing condition is yet acute in some of the large cities and where this condition prevails there is a higher death rate from preventable diseases. While there has been a general improvement in Negro health there is no question of the fact that were it not for the heavy migration, the improvement in Negro mortality would certainly have been much greater.

Those who are fighting for better conditions among Negroes, should continue to do so for their work has told in the past and will tell more in the future.

Health-1928

AN OPEN LETTER TO DOCTORS ON HEALTH

TREASURY DEPARTMENT
ISSUES SPECIAL IN-
STRUCTION

Lecturer and Special Consultant
Communicates With Doctors
Through Papers

An open Letter to Doctors, Health
and Social Workers, and others in-
terested in the health of the Negro
and of the American People.

Greetings:

Public Health work for and by the
Negro population has suffered from
the lack of information that would
give a true picture of disease
problems to be attacked. This
lack of information has been due
chiefly to the fact that until recently
the Southern States, where the great
bulk of the Negro population lives,
have not developed their statistics
of mortality up to the standard
which would admit them to the U.
S. Death Registration Area. With-
in the last few years, however, the
vital statistics of most of the South-
ern States have attained this stand-
ard, and a mass of facts has now
accumulated relating to the causes
of death among Negroes as com-
pared with whites in the same gen-
eral geographical environment.

The statistics are available for
the most part in the annual mortal-
ity statistics volumes of the U. S.
Bureau of the Census and in reports
of States and local health depart-
ments, but Negro as well as other
sanitarians have realized the desir-
ability of collecting these annual
statistics in such a form as to make
them easily available to those who
are interested in public health
work.

Accordingly, at the suggestion of
several Negro sanitarians and others
the Surgeon General of the U. S.
Public Health Service authorized
the Office of Statistical Investiga-

tions to prepare a brief bulletin on
mortality among Negroes. This

bulletin has been completed under
the title of "Mortality Among Negroes
of the United States" (Public Health
Bulletin No. 174), and was written
by Assistant Statistician Mary Gov-
er, Sc. D., with brief introduction by
Mr. Edgar Sydenstricker, statistician
in charge of statistical investiga-

tions. It contains in concise form
a large amount of information about
white and colored populations, includ-
ing the distribution of these popula-
tions in different States, the extent
to which they live in cities and in
rural sections, the rate at which the
white and colored populations are
increasing; the birth rates of the
two races; the mortality rate among
whites and Negroes in States and in
rural areas as well as by States; the
change in the "expectation of life"
in the two races in recent years; the
mortality from important causes
with special reference to pulmonary
tuberculosis, pneumonia, organic
heart and acute nephritis and
Bright's disease, cancer, and infect-
ious diseases; the trend of mortal-
ity from all causes and from differ-
ent causes in certain States and lo-
calities where statistics covering a
considerable period of time are
available; and the infant mortality
rate in white and colored popula-
tions. The bulletin is illustrated
by 33 diagrams, and contains 21
tables, the text being written in a
simple style.

A limited number of copies will be
distributed free of cost to persons
engaged in public health and allied
activities, and to organizations and
institution to which the bulletin will
be of service. Copies will be given
to persons already on the official
mailing list, to known addresses of
interested persons, and to others
making request on the U. S. Public
Health Service, until the free copies
are exhausted. Other copies may
be purchased from the Superinten-

dent of Documents, Government
Printing Office, Washington, D. C.,
for 15 cents; ask for Public Health
Bulletin No. 174, entitled "MOR-
TALITY AMONG NEGROES IN THE
UNITED STATES," and enclose the
cost of the bulletin with your order
and mail direct to the Government
Printing Office.

Personal I would appreciate your
cooperation not only in making the
distribution of this bulletin effective,
but also in making known and in
using the vital information which
this publication contains for furth-
ering the health of the Negro popu-
lation.

Respectfully,

ROSCOE C. BROWN,

Lecturer and Special Consultant.

TIMES

FEB 3 1928

SEES RACE PROBLEM HERE.

Prof. Speyer of Brussels Compares
White and Negro Births.

Copyright, 1928, by The New York Times Company.
Special Cable to THE NEW YORK TIMES.

BRUSSELS, Feb. 2.—The falling
birth rate among the white popula-
tion of the United States, which he
attributes to the fact that women are
forsaking the home for pleasure
hunting, and the growing birth rate
among the negroes is seen by Pro-
fessor Speyer of the University of
Brussels, who has just returned from
America, as tending to produce a
grave race problem which must be
faced in the future.

What appealed to him most about
America, Professor Speyer said, was
the mental and spiritual as well as
the physical cleanliness of the people.

There is a general spirit of chari-
tableness and generosity too, he said,
but which is much abused, a large
proportion of the money intended for
charities being spent in administra-
tion.

The police, he said, were little re-
spected and property was not nearly
so safe as in Europe.

MEDICAL AND SANITARY REPORT FOR THE YEAR 1926.

The receipt of this very interesting and inform-
ing document has been rather delayed. It bears
the signature of Dr. O'HARA MAY who with his
chief Dr. INNES have since left the Colony to serve
in the same capacities in the Gold Coast Colony.
The report shows that the battle against disease
has been unremitting. Great efforts have been
made to discover the causes which have contri-
buted to certain diseased conditions in the health
of adults and children. The efforts of Dr. WRIGHT
in connexion with the Infant Welfare Work as
also on Congenital Rickets have been praise-
worthy, but unless some way is discovered to bring
the results of such painstaking research to the
knowledge of the people so that by assimilation of
the facts the necessary reforms could be adopted
in the manner of their every day life, not very much
advantage would be derived therefrom. For
instance, in the matter of the food of the people
the doctor has pointed out that the deficiency of
Vitamin A. in the staple diet of the people
naturally predisposes to rickets. Then in the
matter of housing, poor ventilation and over-
crowding, these conditions which could be easily
remedied, have continued and therefore proved
inimical to proper health. From the record of
the death of children last year, reported to be 558
out of a total of 1,252 there is clear evidence that
in spite of the efforts already made there is very
much to be done to preserve the life of the children.
There was satisfactory improvement in the health
of Europeans, the report says; for whereas in some
past years the invaliding rate went up to some 10
to 13 per cent, of the number resident, it has been
7, 2, and 3 per cent., during the last three years.
In the case of Malaria much the same progress
has been made within the last five years. The
health of Africans generally does not seem to us as
satisfactory as it should have been, though the
report states, it compares favourably with that of
the previous year. In the case of Europeans, 132
in-patients and 262 out-patients were treated;
whilst Africans showed 3,345 and 64,236 respec-
tively. Of these, 9 Europeans and 265 Africans
died. The more prevalent diseases appeared to
have been malaria, dysentery, tuberculosis,
pneumonia and yaws. Of venereal disease, that of
the gonorrhoea type seems to be on the increase.
It has risen from 962 in 1922 to 1,741 in 1926
whilst syphilis broke its ascending scale when in
1922 it rose from 647 to 723, and 919 the two
following years, then to 1,005 in 1925 to come
down to 847 in 1926. One fact is nevertheless
evident, that those affected are getting more
willing to share their confidence with the Medical
Authorities.

The table of Births and Deaths in the Colony
discloses some significance. Districts away
from the City appear to have some advantage.
Whilst Freetown registers 940 births against 1053
deaths and Cline Town 134 against 179, Kissy 41
against 68, Tassoh has registered 84 births against
64 deaths, the Bananas Island records 20 births
against 13 deaths; Hamilton, Tombo, York and
Kent 29, 79, 35, and 30 births against 26, 61, 33
and 14 deaths. The cost of maintaining the
Hospitals was £50,384 17s. 9d. whilst revenue from
all sources was £1,153 5s 11d. The Sanitary Depart-
ment has cost Government £20,288 12s. 5d. with a
revenue of £219 17s. 10d.

A new hospital of seventeen beds and operating theatre was built at Bonthe, Sherbro, whilst the first of a series of Protectorate type hospital was commenced at Bo. A new Dispensary was opened at Mano Salija on the Liberian border whilst Sumbuya was closed down as a medical station on account of shortage of medical staff.

There was no epidemic or plague but a vigorous and intensive Rat campaign was carried on. A Rat destruction week was advertised and for every rat with tail killed, the sum of twopence was paid so that the capture rose from 60 to 80 per day to 250 to 400. Thus a total of 30,034 was destroyed. In connexion with house to house inspection 100,579 compounds were visited and fines from prosecution of defaulters amounted to £109 11s. 6d. Oiling of pools and gutters formed part of the task of the Sanitary gangs and 14,886 pools and gutters were attended to. Other means adopted included the inspection of trees, boats and canoes, as also the canalisation of streams.

Every means has been adopted to render the city immune from diseases. We hope however the question of the excessive dust raised by vehicular traffic at this time of the year will soon be given the necessary attention for undoubtedly it has been the cause of much sickness amongst the people.

BIRMINGHAM, ALA.

SCHOOL CAMPAIGNS FOR NEGRO HEALTH

Tuskegee To Sponsor Annual Sanitation Week

TUSKEGEE, Ala., Feb. 5—(AP)—Invitations have been mailed to more than 50 national health organizations to participate in the fourteenth annual health week for negroes, sponsored by the Tuskegee Institute here. R. R. Moton, principal of the Institute, is in charge of the campaign and organization work will be under his direction.

A program suggested by the executive committee of health week calls for a program each day, beginning April 1, and continuing through April 8. Mass meetings and organized war on sources of disease will be stressed, and sanitation talks made by various negro leaders in the United States.

AN OPEN LETTER TO DOCTORS, HEALTH AND SOCIAL WORKERS, AND OTHERS INTERESTED IN HEALTH OF THE NEGRO

Greetings:

Public Health work for and by the Negro population has suffered from the lack of information that would give a true picture of the disease problems to be attacked. This lack of information has been due chiefly to the fact that until recently the Southern States, where the great bulk of the Negro population lives, have not developed their statistics of mortality up to the standard which would admit them to the U. S. Death Registration Area. Within the last few years, however, the vital statistics of most of the Southern States have attained this standard, and a mass of facts has now accumulated relating to the cause of death among Negroes as compared with whites in the same general geographical environment.

The statistics are available for the most part in the annual mortality statistics volumes of the U. S. Bureau of the Census and in reports of State and local health departments, but Negro as well as other sanitarians have realized the desirability of collecting these annual statistics in such a form as to make them easily available to those who are interested in public health work.

Mortality Bulletin.

Accordingly, at the suggestion of several Negro sanitarians and others, the Surgeon General of the U. S. Public Health Service authorized the office of Statistical Investigations to prepare a brief bulletin on mortality among Negroes. This bulletin has been completed under the title of "Mortality Among Negroes of the United States" (Public Health Bulletin No. 174), and was written by Assistant Statistician Mary Gover, Sc. D., with a brief introduction by Edgar Sydenstricker, statistician in charge of statistical investigations.

It contains in concise form a large amount of information about white and colored populations, including the distribution of these populations in different States, the extent to which they live in cities and in rural sections, the rate at which the white and colored populations are increasing; the birth rates of the two races; the mortality rate among whites and Negroes in States and in rural areas as well as by States; the changes in the "expectation of life" in the two races in recent years; the mortality from important causes with special reference to pulmonary

tuberculosis, pneumonia, organic heart and acute nephritis and Bright's disease, cancer, and infectious diseases; the trend of mortality from all causes and from different causes in certain States and localities where statistics covering a considerable period of time are available; and the infant mortality rate in white and colored populations. The bulletin is illustrated by 33 diagrams, and contains 21 tables, the text being written in a simple style.

For Free Distribution.

A limited number of copies will be distributed free of cost to persons engaged in public health and allied activities, and to organizations and institutions to which the bulletin will be of service. Copies will be given to persons already on the official mailing list, to known addresses of interested persons, and to others making request on the U. S. Public Health Service, until the free copies are exhausted. Other copies may be purchased from the Superintendent of Documents, Government Printing Office, Washington, D. C., for 15 cents; ask for Public Health Bulletin No. 174, entitled "MORTALITY AMONG NEGROES IN THE UNITED STATES," and enclose the cost of the bulletin with your order and mail direct to the Government Printing Office.

Personally I would appreciate your cooperation not only in making distribution of this bulletin effective, but also in making known and in using the vital information which this publication contains for furthering the health of the Negro population.

ROSCOE S. BROWN

Lecturer and Special Consultant

THE NEGRO LIVES LONGER

IN their chances of life and death one-tenth of all Americans are about forty years behind the times. These are the ten and one-half millions of varying degrees of Negro blood, classified by the census as Negroes. So acute a difference between the mortality rates of Negro and white population has been shown in analyses of local statistics that the U. S. Public Health Service has just completed and published a study of the subject (Mortality Among Negroes in the United States. Public Health Bulletin No. 174) to bring together the existing data. According to the 1919-1920 life tables, the expectation of life at birth is about fourteen years less for the colored population than for the white. Certain diseases, notably pneumonia in early middle life, other respiratory diseases, and illness which is associated with poverty or unfavorable sanitary conditions, show a striking contrast. Yet between 1900 and 1910, and again between 1910 and 1920, the gain of the Negro race in longevity was practically the same, or a little greater than that of the white. They are progressing, at about the same pace, though they have not yet been able to bridge the gap. Obviously colored people, as a race, have been handicapped by economic and social factors which do not easily lend themselves to statistical interpretation. One suggestive set of facts, however, was revealed in the present study. The most favorable Negro mortality rates were found in the rural districts of the southern states, rather than in the urban centers, north or south, to which there has been so striking a Negro migration during the past decade. Yet considering cities only, the North had a much more favorable showing than the South—despite the overcrowding resulting from that migration—New York, for example, an urban Negro death-rate of 14.5 per 1,000, as compared with 21.4 in South Carolina, or 18.8 in Mississippi. "It seems reasonable to infer," declares the report cautiously, "that some factor has been operating to reduce the northern urban rates below the level of urban rates in the South. Whether or not public health activities have been the cause of the reduction of mortality in northern cities it is not possible to say definitely on the basis of the present evidence, but the deduction that the public health agencies have been somewhat responsible, is a reasonable one". Here, indeed, lies a clue for health officers who would set an enviable standard for all the citizens of their city or state.

HEALTH WE MUST HAVE

Let's all join the health week program. Health we need, and health we must have. Take away health, and man is robbed of the most precious gift of his Creator.

A sickly dying race is already doomed. It's only question of time. Therefore, let us busy ourselves and stress the importance of health, health particularly to the youths of the race.

POPULATION IN DIRE NEED OF PHYSICIANS

Only 3,495 Medics for
11,597,000 People

Washington.—Approximately 14,000 Race students are doing work of college grade in the United States, according to an address delivered recently by Ben W. Frazier, specialist in teacher training of the U. S. bureau of education of the interior department, before the National Association of Collegiate Deans and Registrars in Race Schools at Nashville Tenn. Instruction given by over 1,100 Race professors or other instructors, in addition to the white teachers employed.

Prof. Frazier said in part: "Vocational training should continue to have an important place in the education of the Race. Forty per cent of all the farm land in the South is tilled by over 3,000,000 Race men, women and children. Over 1,000,000 Race members are in domestic and personal service while 1,000,000 more are employed in manufacturing and the industries, chiefly in unskilled occupations."

EDUCATIONAL LEADERS STRESS PROFESSIONS

"Leaders in education are stressing more than ever before the importance of liberal and professional education. The last census reports show 80,183 engaged in professional and semiprofessional pursuits, 35,442 being teachers, 19,581 clergymen, 5,902 musicians and teachers of music, and 3,495 physicians and surgeons."

"Educational offerings for certain professions should be very greatly expanded. Most of the teachers have not completed high school and for each teacher there are over 60 children of school age, in school or out of school. A particular shortage exists in physicians to care for the health of the Race, there being but one physician for each 3,100 people as compared with one white physician for every 550 white population. A dire need, therefore, exists for the immediate education of more physicians."

"Owing to the large expense attached to medical education, however, it is probable that the work should be centered in existing medical schools of both races, rather than the establishment of additional schools. Nine hundred and fifty law-ers are found in a total population of 11,597,000."

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SCIENCE • AND • INVENTION



Photograph by Brown Brothers, New York

COLORED CHILDREN AT PLAY IN WEST SIXTY-THIRD STREET, NEW YORK CITY

NO JIM CROW LAWS FOR GERMS

NEGROES MAY BE SUCCESSFULLY SEGREGATED,

but germs laugh at barriers. Lack of sanitation in the colored quarter often means disease in the white district also. Wherefore we ought to look out, for purely selfish reasons for the health of our colored brother. As a matter of fact we do not, asserts Edwin R. Embree, president of the Julius Rosenwald Fund, Chicago, in a leading article on "Negro Illness and Its Effect Upon the Nation's Health," contributed to *The Modern Hospital* (Chicago). Facilities for caring for the sick and for general sanitation are still woefully lacking among Negroes. Despite a few wealthy ones, who are doing more than their share, they are still mostly poor, and the wealthier whites have not yet realized the importance of Negro health in that of the nation at large. Says Mr. Embree:

"Anything that affects the Negro to-day concerns the American nation as a whole. One-tenth of our total population is colored. The Negro has moved north in great numbers and he has gone from the farm to the cities both North and South. About one-fifth of the Negro population now lives in the northern and western States and a full third of this race is living in cities and towns."

"Before 1920 no American city had more than 100,000 Negroes, but six had well above that number according to the 1920 census: New York, Philadelphia, Baltimore, Washington, Chicago, and New Orleans. An equal number of cities is likely to be added in 1930, including St. Louis, Cleveland, Detroit, Birmingham, and Atlanta."

"The economic and social conditions of a group so large and so widely dispersed can not but affect intimately the other

members of the population. This is peculiarly true in the matter of disease. Jim Crow laws have never been set up for germs."

"If the white folks take even the most selfish attitude toward the Negro they must from pure self-protection take an interest in his health conditions. They have been slow to do so, and this in a nation and age in which care for public health is becoming almost a religion."

"It may be useful to consider this matter from the standpoint, first, of what is often technically included under the term public health and, second, of individual hygiene and medical service. The first of these include purification of the water supply, sewerage, prevention of soil pollution and the control of the great contagions, which involve mosquitoes, rats or other animal carriers. These are cared for by governmental and State authorities and, technically at least, protect alike all members of the population. Even then it must be remembered that in certain cities water supply for the Negro section is inadequate and proper sewerage non-existent and that rural areas inhabited largely by Negroes are often now well protected against disease-bearing mosquitoes and the various types of intestinal parasites."

"It is, however, in the category of individual health and medical service, that provisions for the Negro are largely lacking. Negro hospitals are few and inadequate. Housing, nursing service, care of children, pure and proper food and general provisions against disease are, among the Negro, inferior to similar facilities for almost all white groups."

"Diseases that involve simply human contact are the main problem. These include tuberculosis, pneumonia, influenza, the venereal groups, the ills both to the mother and the child attending childbirth, infant and child welfare, and ailments traceable to teeth. These are the diseases from which the Negro suffers most in comparison with his white neighbor."

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However bad conditions are in given localities there is no evidence that the Negroes are dying out, Mr. Embree thinks. On the other hand, there is no likelihood that they will increase at any rapid rate. The Negro, as any other group, begins to have smaller families as he rises in the economic and social scale. Better public health has not brought a great onrush of population among the whites in America and it will not do so among the colored. He goes on:

"Death is not the only index of health. Sickness, both mild and acute, is much greater among the colored people."

In Illinois from 1922 to 1925 the deaths exceeded registered births among the colored people, altho the average Negro birth-rate was substantially higher than for the whites. Wisconsin, Kansas, Minnesota, Iowa, Indiana, and Michigan show death-rates exceeding or approaching the traditionally large number of births in this group. Conditions in the South show on the whole much better records.

"One should not be too much alarmed by conditions during a period of transition and adjustment of large masses to new and trying conditions in industrial centers. The current records of the Metropolitan Life Insurance Company, which has on its books more than two million Negroes, are much more reassuring. Dr. Louis I. Dublin reports that the average death-rate of these policyholders has declined from 17.5 per thousand in 1911 to 14.6 in 1926. Dr. Dublin's study indicates that Negro health

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Incapacities due to accidents and painful illness and malformations due to improper medical attention are conspicuous in this group.

"Let us look for a moment at the single field of hospitals. A list recently compiled by the National (Negro) Hospital Association reports approximately two hundred institutions throughout the entire country. Only nine are on the accredited list of the American Medical Association as proper institutions for the training of interns, and only fifteen are on the list of the American College of Surgeons as having adequate minimum hospital standards. This means that less than twenty hospitals for Negroes exist in the entire country that are of acceptable minimum American standards.

"The Negroes themselves are not responsible. Leaders among them have been struggling against great odds to improve things. But they are still lacking in individual or corporate control of capital. Relatively speaking there is little money in Negro hands. The situation will be corrected as colored people get increasing wealth and as white groups that benefit both by Negro labor and by Negro taxes meet their fair share of the load.

"Fortunately several of the acceptable hospitals that are available for Negroes are of excellent quality. They stand out as beacons toward which Negro hospitalization as a whole is struggling.

"In addition to hospitals exclusively for Negroes or under Negro management there are in many places other facilities for the care of colored patients. Many of the municipal and country hospitals of the northern cities have a large number of Negroes in their wards. In the South many of the general hospitals have wards that serve many Negro patients. While these services are of benefit to the sick they do not, save in exceptional cases,

offer any facilities for the teaching of Negro medical students, for service by Negro physicians or for the training of interns and nurses of the race. Most hospitals for white patients, however, have no facilities whatsoever for Negroes.

"Hospitals are the visible and material evidences of medical service. They by no means represent all the facilities needed in a well rounded program of health—out-patient clinics, visiting and public health nurses, protection against pollution of water, food and soil, and against carriers of disease. The lacks in hospital facilities unfortunately are simply typical of equal lacks in these other aggressive branches.

"The facilities for institutional care and health protection are shamefully inadequate and this fact is reflected in death rates and in a great amount of sickness and distress, not only among Negroes but, as a result, among their white neighbors. Any constructive program must include not only more and better hospitals, but also a good organization for visiting and public health nursing, for practical instruction in the schools, and for aggressive out-patient services and clinics, which will emphasize preventing serious illness by checking it in early stages, thereby protecting the home and community. One of the prime needs is for extension both in numbers and in quality of the training of colored girls for nursing, particularly in its public health aspects, and the use of these nurses in clinics,

schools and rural counties and city homes.
"Happily there is evidence of renewed interest in the whole matter. The national medical, surgical and hospital associations have been conferring with the Negro Hospital Association concerning possible studies and standardization. Nursing associations have been discussing their aspects of the problem. One of the great Foundations has given substantial help to Howard and Meharry Medical Schools, and other Foundations and individuals are displaying active interest. Another decade should see great progress in America in hospitals and health for Negroes."

CAUSES OF LONGEVITY

The Columbia State remarks that applied science is not the only cause of longevity, for the greatest longevity is found among people who lead a very simple life, free from mental and spiritual worries and anxieties of men and women who are in the full swim of modern civilization, "with its grinding competitions."

Says The State:

"Thus although the Negroes have a very high rate of infant mortality, they average a greater proportion of centenarians than whites. In Georgia we have the remarkable fact that of 453 centenarians not fewer than 424 are Negroes. Also of these latter 275 are women, which tends to confirm the common impression that women live longer than men.

"Washington affords striking figures in support of the proposition that Negroes have a higher longevity, and that simple living promotes long life. Of Washington's 17 centenarians 15 are Negroes who went there from the rural life of the South.

"As confirming the proposition that the simple life free from mental worries promotes longevity, a comparison between some Southern and Northern statistics are illuminating. In Georgia there is one centenarian to every 6,500 of the population, but in New York State one centenarian falls to every 83,000 persons; in Massachusetts it is one to 85,000. Georgia, of course, has a predominantly agricultural population. Its farmer folk work hard, eat simple food and have few luxuries; also they are not thinkers in the modern sense, their minds keep within traditional grooves, and they do not grapple the hard problems of existence. Hence they live longer.

"Bulgaria affords another example of longevity, and there the simple life is reinforced by another cause of longevity. The Bulgarians drink regularly a great deal of sour milk, made sour by the use of a certain berry called yoghurt. And they attribute their longevity largely to that fact. Bulgaria, it has been estimated, has one centenarian to every 3,139 of its 9,000,000 population; but the whole United States, with a population of 120,000,000, has only 4,267 centenarians. In other words, Bulgaria shows one centenarian to every 2,861 of its population, whereas the average for our country is one to 28,122. Bulgaria's longevity thus shows up almost tenfold better than ours.

"As a consequence of the many advances of science tending to prolong life, the number of people in this country above the age of 50 in any given total has been raised by half. This is the estimate of Ira S. Wile, a well-known psychiatrist, from

whose study of the whole subject the data of this article are drawn."

Sickness Costs Nation Tremendous Sum

Not the high cost of living, but the high cost of sickness should give everyone concern today. Illness costs every person in the United States \$31.08 each year and every family \$134.68, making the country's annual sickness bill, \$15,000,000,000. These are figures presented by Dr. Homer Folks of New York, in an address before the international conference of social work held in Paris.

The monetary cost of illness may be one of the least considerations. Suffering of the patients and the mental distress of others because of anxiety over the sick are among the factors that must be considered when we think of the bad effects of illness. However, the economic side of the question cannot be overlooked, but that is the side in which the section of the American public that is now enjoying good health can be more readily interested.

The actual cost of sickness in dollars and cents makes its appeal to the people who might turn a deaf ear to stories of suffering. That is a regrettable situation, but one which cannot be ignored. So leaving everything else out of the picture, the country's bill for sickness should stand out as a forceful argument for any and all plans for the promotion of health and the eradication of disease.

The health problem is one that concerns every person. No one is assured of permanent freedom from disease and the person who is in perfect health today may be seriously ill tomorrow. Fifteen billion dollars loss annually is something to cause anyone to stop and seriously ponder. That is a staggering sum of money. It should arouse every person to the need of campaigns for the prevention and control of disease.

We read this week of the organization of a society in a Western State to reduce "the cost of dying." The purpose of this movement is to reduce funeral expenses for members of the organization. But the average man is more interested in retaining his health and life than in gaining assurance that he will have a decent burial at a minimum cost after death. Anything that would lower the high cost of illness should have a more universal appeal. It cannot be done all at once. At best, it is a slow process which must be worked out over a long period of years. Progress is being made and still more impressive results may be expected in the future. The work is going forward gradually. Much time is required to produce visible results but science is steadily gaining in its combat against sickness. The public can help by lending full support to every program that is put on foot to improve conditions as related to health and to wipe out any form of disease.—Anniston Star.

Health-1928

Georgia Makes Notable Progress In Child Health Work

According to figures sent out by the Children's Bureau at Washington, and which will be included in this bureau's annual report on the administration of the maternity and infancy act during 1927, Georgia has made much progress in child health work during the past year. The report of the Georgia State Board of Health quoted by the Children's Bureau shows that during the year under review more than 36,000 infants and pre-school children and more than 16,000 prospective mothers were reached by the work of the division, an increase of 2,500 over the preceding year.

Also much good work was done by the healthmobile, according to this report. The healthmobile, staffed by a physician and 2 nurses and the chauffeur, spent 6 months in the field. Conferences were held on the truck during the day. In the evenings public meetings were held, at which talks on health were given and motion pictures on health subjects shown. About 21,000 persons were reached in this way. Other activities included home visits by nurses, nutrition work, the organization of classes in infant care for mothers and for girls; demonstrations on preparation of food and other phases of maternal and infant care.

Columbus Enquirer-Sun
An outstanding feature of the year's work in Georgia was the work with midwives. Ninety-six classes were organized in which approximately 750 midwives completed a ten-lesson course. The midwife situation has improved since the beginning of maternity and infancy work, the reports show. The use of drops in the eyes of the new-born for the prevention of blindness has increased, and many of the unfit midwives have ceased to practice. Assistance in the phase of the division's work was given by a physician from the Children's Bureau.

Another outstanding accomplishment of the year was the state-wide campaign for immunization against diphtheria. The number of children reached through this campaign was estimated to be 100,000. The State pediatric society and the medical profession cooperated in the work.

Enquirer-Sun
This is a most praiseworthy showing and should bring about a noticeable betterment of our health conditions throughout the state. That this health work in Georgia has been stimulated by the Federal appropriation under the maternity and infancy act is indicated by the amount accepted and matched by State funds year by year. The maximum available to Georgia is \$29,530 of which only \$5,000 is given outright, and the remainder if matched. In 1923 Georgia accepted only \$11,000, in 1924 \$15,250, in 1925 \$23,490, and in 1926 the full allotment of \$29,530. *Columbus Enquirer-Sun*
The Woman's Reading Club of Columbus,

assisted by Mrs. Charlton Hudson, chairman, recently made a comprehensive health survey of Columbus which received the stamp of approval of our health officer and three leading physicians and which was selected as one of the five best surveys made in the state. The full story of this survey was given in the Centennial issue of the ENQUIRER-SUN. Such work on the part of civic clubs is another evidence of the increasing interest felt in our state in child-health and general health conditions and is a patriotic work of the highest usefulness.

FREE TREATMENT FOR NEGROES

The Tuberculosis Sanatorium at Alto is now open for the care of the tuberculous negroes of our State. For the first time in the history of Georgia this can be said. The institution is well equipped and is in the hands of the same physicians as are in charge of the white unit. Application blanks can be had by writing Dr. E. W. Glidden, Superintendent, Alto, Ga.

Tubercular Body Selects Happ for Georgia President

Lee M. Happ, of Macon, was elected president of the Georgia Tuberculosis association at its annual meeting Thursday in the Winecoff hotel, to succeed Dr. E. W. Glidden, of Alto, the retiring president.

Other officers elected were Dr. I. A. White, Cartersville, first vice president and R. W. Hatcher, Milledgeville, second vice president. The president was chosen as Georgia's director on the national board at the annual conference in Portland, Ore., while James P. Faulkner, managing director, was elected delegate to the national convention which also meets at Portland, June 18 to 21.

Annual reports were rendered on the progress of building on the children's unit at Alto, which is being financed by the Masons of Georgia; the opening of the colored section at the same institution; juvenile clinical work over the state and the various types of service rendered during the last year.

Those present were: R. W. Hatcher, Milledgeville; Dr. J. D. Appewhite, Macon; Dr. F. L. Crosby, Columbus; Dr. E. W. Glidden, Alto; Dr. J. C. Burch, Alto; Miss Virginia Gibbs, Marietta; Dr. I. A. White, Cartersville; Miss Lillian Griffin, Marietta; Mrs. W. A. Goodman, Marietta; Mrs. F. W. Hodgson, Miss Mary Dickinson, Miss Mildred S. Manson, Dr. E. C. Thrash, Miss Jane VandeVrede, Dr. T. F. Abercrombie, Dr. C. C. Aven, Dr. Allen Bunce and James P. Faulkner, of Atlanta.

MALNUTRITION IS SHOWING DECREASE

Underweight School Children Only Seventeen Percent

That malnutrition among school children is decreasing in Savannah, was one of the most important facts brought out at the monthly meeting of the Savannah Health Center last night at 8:30 o'clock. Miss Elizabeth Ravenel, who has charge of the nutrition work, stated during the past four years the number of underweight children has decreased from 25 to 17 per cent.

A prize has been offered to the child writing the best essay regarding the value of health work in each school.

In addition to the children cared for in its hospital ward, the Junior League, another Health Center agency, conducted thirty-five clinics, and had over 400 patients in attendance. The visiting nurses of the Mary McLean Circle and the city made over 2,000 visits to the homes of patients.

Other organizations reporting or their work were the Community Chest, Savannah Family Welfare Society, Chatham-Savannah Tuberculosis Association, Red Cross, Federation of Colored Women's Clubs and Froebel Circle of King's Daughters.

Announcement was made that the Fresh Air Home at Tybee will be opened on June 4 and that any of the social agencies that have children who need immediate care at the home should notify the Health Center office.

Judge George W. Tiedeman, chairman of the County Commissioners, was elected to the board of directors to fill the vacancy caused by the death of the late Oliver T. Bacon.

SAVANNAH, GA.

HEALTH BOARD TO AWARD SCHOOL CUP

CONTEST IS BENEFICIAL Winner Will Be Announced Next Thursday

Awarding of the silver loving cup offered by the Chatham County Board of Health for the white rural school which shows the greatest percentage in correction of physical defects of its children during the last year will be one of the interesting features at the Georgia State Fair. It is planned to award the cup next Thursday afternoon in the

HEALTH REPORT FOR SAVANNAH

VITAL STATISTICS FOR THE MONTH OF SEPTEMBER

Savannah 10-18-28

Resident deaths, natural causes	30	72	102
Deaths, external causes, residents	1	4	5
Deaths, external causes, including non-residents	3	5	8
Total deaths, exclusive stillbirths	38	83	121
Non-residents death included in total	7	7	14
Deaths, infants under one year of age	7	4	11
Deaths due to premature births	3	1	4
Deaths from puerperal causes	0	4	4
Deaths from tetanus of new born	0	0	0
City live births reported	111	60	171
City stillbirths reported	2	2	4
Total births reported	113	62	175

EPIDEMIOLOGICAL SUMMARY FOR THE MONTH

Smallpox	0	0	0	0
Diphtheria	1	0	5	1
Scarlet Fever	0	0	2	0
Typhoid Fever	1	0	1	0
Brill's Fever	1	0	11	0
Malarial Fever	4	0	36	0
Whooping Cough	0	0	6	1
Pulmonary Tuberculosis	1	1	26	11
Influenza (LaGrippe)	0	0	15	11
Syphilis	9	0	304	2
Pellagra	1	0	5	3

There were two deaths from lobar pneumonia, and five from broncho pneumonia.

Attention is called to the fact that there were three deaths from Pellagra during the month. Since the beginning of the year, 29 of Savannah's people have died from this preventable disease. Pellagra is not a contagious disease, but due to the faulty diet, and therefore preventable. It will also be given to the colored school which shows the greatest percentage of corrections of physical defects.

BETTER HEALTH

One of the most vital needs in Georgia is that of more and well trained physicians, and hospitals. In comparison with its large population there is a dearth of physicians with no hospital accommodations worth comparing. Only in the larger centers are the doctors to be found with inadequate hospitals. It is true that the main cause for the lack of physicians is inability to secure training on account of the few medical schools. Beginning at its source, the existing institutions should have enlarged facilities and at least two more properly located and well equipped ones be organized. Then in the turning out of graduates, there should be a sufficient number of well conducted hospitals that will the better fit them for service. The people in the rural districts are suffering for medical attention and hundreds of them are dying annually because of it, along with the need of proper hospital fa-

ilities. These are thoughts that are concerning our people the least. While in cities like Savannah and others, the service of a physician is easily obtained, but the lack of ample hospitals is readily noted. The latter need should be carried home to every colored person in Savannah and compell a ready liberal response. We have two hospitals with inadequate beds for such a large population. An attempt is being made to not only increase the beds of one of them, but to also conduct it along approved lines. The building is in course of erection, but in want of additional funds to carry it to completion. In the meantime the hospital is doing considerable charity work in caring for a large number of unfortunate ones who are unable to pay for such a service. This fact should be known by the public, and all should join in assisting Charity Hospital to care for these unfortunates. It is true that the city gives a small appropriation, but it does not amount to even one-third of the up keep of a patient. We have too many churches, lodges, clubs and societies, to allow this hospital to lack in the least for the care of those whom it is our bounded duty to assist. A small donation to this hospital at stated times from these institutions, would be the means of more sick being cared for and in a manner that will curtail to a great degree the death rate of the city and county.

This is an instance in which we are "our brothers' keepers." Our failure to contribute to the needs of this hospital will cause a dereliction in our duty to man and to God. An appeal is now being made to our ministers to ask the people for after collections to be used in this direction. Will they respond? It is hoped that they will do the Good Samaritan's act by encouraging their people to do so.

One of the vital questions that should demand the attention and immediate action of our people the state over, is that of their health. The Atlanta Georgian has recently seen fit to urge better support of the medical department of the University of Georgia at Augusta, and suggested that the state make some provision for the training of additional colored physicians to work among their people in the state.

Appended we are publishing a letter of Dr. H. R. Butler, Jr., of Atlanta, commending the editorial of the Georgian for its timely and broad view, and also the editorial of the Georgian commenting upon Dr. Butler's letter:

Please permit me to commend you on your strong and timely editorial on "Georgia's Medical College and Its Opportunity," which appeared in your paper of October 8.

Being a physician, the advancement of medical education and research and the restoration and preservation of health are my greatest interests, and your wonderful editorial appealed to me, as I am sure it did to many, many others.

Apropos of this subject, I would like to raise one question in your mind. Do you think that this program of expansion and improvement of the state's medical school, which you urge, should and could include some provision for the education and training of colored physicians for work among the large colored population of our state?

In your editorial you said: "The basic trouble is that we are not educating and preparing for the practice of medicine and surgery in Georgia a sufficient number of young men to take the places of the older doctors as they pass out, either by death, retirement or removal from the state."

If this be true of the white group (and it is), I am sure you realize how much more so is it true of the colored group, when you also realize that in the past and at the present we have been and are dependent for our supply of colored physicians solely upon those who choose to filter into Georgia after securing their medical education and training in other states and sections.

None of the states of the South (where the colored population is greater than that of any other section) makes any provision for the training of its colored physicians to care for the health of its colored citizens. There is only one school in the South and there is only one school near the South providing medical education for colored students. The former of these schools is at Nashville, Tenn., and the latter is at Washington, D. C. Neither is a state institution.

"Georgia's Health Conditions and Negro Physicians"

It is impossible for these schools to prepare colored physicians in the number needed; and then, after preparing as many as they can they can only offer internship training to a very small percentage of their graduates. Then, the colored physicians prepared and trained in private and state schools of the East, North and West are few and practically never come South. This situation, I am sure you will agree, is worthy of earnest and serious consideration.

No community can possibly be more healthy than its most unhealthy spot. For this reason, if for no other, do you not believe that some arrangements should and can be made in the program of expansion of the state's medical school, as urged by you, to include the training of colored physicians for Georgia and the South?

Very respectfully, yours,
H. R. BUTLER, JR., M. D.

Atlanta.

The Georgian is carrying on today's editorial page a letter from Dr. H. R. Butler, a well-known colored physician of Atlanta, in which he thanks The Georgian for an editorial of recent date calling for better support of the medical department of the University of Georgia at Augusta, and following that with a suggestion that it might be a good idea for the state to make some provision for the training of additional Negro physicians to work among the colored people of the state.

The Georgian publishes Dr. Butler's letter with pleasure; and we agree in its vital essentials.

The fact that physicians are dying or passing out of the practice annually in Georgia in larger numbers than they are being graduated by Georgia's two medical institutions—the one in Augusta and Emory University in Atlanta—is fully established by authoritative records.

That is a dangerous situation. It is one that well may challenge the serious thought of citizens who love Georgia and desire to see it advance to bigger, braver and better things along all lines.

This condition has resulted in actual distress in the remoter rural sections of the state, where medical service and attention naturally is more difficult of application than in larger cities and communities.

In some of the counties where the Negro population is heavy and in others where it is relatively large and in some few where the Negro population actually is larger than the white, this has worked to distinct and dangerous disadvantage among the Negro population.

Georgia Health Conditions and Negro Physicians

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In some of the counties where the negro population is heavy and in others where it is relatively large and in some few where the negro population actually is larger than the white, this has worked to distinct and dangerous disadvantage among the negro population.

We should have more negro physicians in Georgia for work among the negro population; moreover, and in addition to what Dr. Butler says, schools where young negro women might be trained as nurses also would be a helpful thing.

The better health conditions and sanitation may be among the negroes, inevitably, that much better it must be among the whites—and the story works the other way around, too.

Health, sanitation, disease and death are things that do not respect racial lines; but

HEALTH CAMPAIGN OPENED FOR NEGROES

Rev. C. J. Jones, president of the Negro Educational Health Service, is opening a health campaign in the city of Columbus, which will extend to all parts of the state of Georgia. Jones is endeavoring to put over the program which the late Booker T. Washington tried to accomplish in his life time. The health of the negro is greatly on the decline almost everywhere, according to vital statistics which the health promoter carries with him.

In some sections five deaths occur among the negroes to one white. Especially is this true in the thickly settled districts, or black belts. Rev. Jones is cooperating with the health authorities in each county of the state, and has endorsements from men of high standing throughout the south. Tuberculosis, venereal disease, typhoid and malaria, he said, are killing a large percentage of the negro people. The general cooperation of the citizens of Columbus is requested in putting over this program. Negro servants can contaminate thousands of white families annually, he said. The negro health worker is a professor of chemistry, anatomy and sanitary science, and although he is not practicing medicine, he is an authority on health and disease, having given special study to the subject for a number of years.

The suggestion of Dr. Butler is interesting and constructive; The Georgian sympathizes with it and will be glad to lend itself to any movement looking in the direction Dr. Butler points out.

Remarkable Decrease in Georgia's Death Rate.

Dr. T. F. Abercrombie, state commissioner of health, has recently given out figures showing a remarkable decrease in the death rate for Georgia since 1911. During that year, Georgians passed away at the rate of 19 per 1,000. By the year 1927, according to Dr. Abercrombie's tentative figures, the rate had been cut in half, so that last year out of every 1,000 Georgians only 9.5 died. Along with a lowering of the general death rate for all chief causes, the infant mortality rate has also steadily declined and was lower in 1927 than in any previous year.

One of the factors in bringing about the present gratifying state of affairs is the Ellis health law, regarding which the *Valdosta Times* recently commented as follows:

"In Georgia the Ellis health law has been a wonderful benefit to the people of the state, and especially in the rural communities, where school children have been getting careful attention and treatment and where others health and energy have been preserved for the benefit of the state. This work is being done so quietly and so persistently that, like the wind which bloweth where it listeth, we hardly know what is going on, but if we could compare conditions today with what they were 20 or 25 years ago, we would see what splendid progress has been made.

"The writer remembers when two or three houses were burned in Valdosta because of smallpox appearing in them. Who would think of doing a thing of that kind now?

"In our own city excellent work has been done in promoting health and protecting people from the flies, mosquitoes and disease-bearing germs. What we should do is encourage our health officials in their work and co-operate with them in making their efforts effective."

The *Atlanta Georgian* also speaks well of the state's health laws, although it believes that "there yet is considerable room for improvement in the Ellis health law; and, happily, this is being realized more and more as one Legislature succeeds another"; and it quotes this "interesting and illuminating" excerpt from the *Savannah Morning News*:

"Charlton and Brantley Counties have done a wise thing in following the precedent set by other groups of counties, mainly in South Georgia—under the provisions of the state law which permit the combination of the work—and have formed a bicounty health unit for the employment of a full-time health officer and at least two full-time nurses. If a county cannot go the whole loaf, it ought to partnership with the next-door neighbor and get a half loaf. Each county then will find, strange as it may seem, that it has nearly a whole loaf apiece."

It is agreed that the Ellis law has aided in improving health conditions in Georgia, especially in very recent years and in the

poorer counties; but chief credit for the present low mortality rate must be given, it seems to us, to another factor. During the last fifteen years the general standard of living for all classes in Georgia has steadily risen. The rise in the standard of living has meant a much more healthful diet than was possible for many families before. A good diet normally means good health—good resistance to disease. This factor, with the splendid work that has been done in lowering the infant mortality rate, accounts in large measure, we believe, for the great decrease in the death rate since 1911.

Very probably the decrease would have been even more marked if in the meantime, Prohibition had not intervened. Dr. Raymond Pearl, of Johns Hopkins, a biologist of international repute, has assembled very good evidence to prove that moderate use of alcohol does not shorten human life but if anything tends slightly to lengthen it. He was thinking, however, of the use of respectable liquors, not the rot-gut stuff that flows so freely in the Volstead millenium. How many lives of Georgians have been cut short since 1920 by post-Prohibition booze, only the bootleggers could tell. Certainly the number must be considerable. And certainly the fall in the death rate would have been even more marked had Georgians not been forbidden to practice the moderate habits in vogue prior to 1920.

Our discussion, we are quite aware, is academic. The bootleggers, well satisfied with conditions as they are, will never willingly permit a return to pre-Volsteadian customs and practices, and consequently there is no need to consider the possibilities of good liquors, used with taste and temperance and understanding, as another factor in the further lowering of the death rate. We regret that the rate is not lower; we are glad that despite Prohibition, the rate has declined as remarkably as it has.

TOWN CLEANS UP

St. Marys Women Supervise Spring Cleaning.

St. Marys, Ga., February 10.—The clean-up, paint-up and plant-up campaign which has been going on in St. Marys for the past two weeks has made a vast difference in the orderliness of the town. The cooperative spirit shown in this campaign has been unusual, and unsightly structures which have remained standing for years have been destroyed.

Underbrush has been cleared, vacant lots cleaned, trash hauled from all parts of the town, and the truck is still at the disposal of the public for anything that may have been overlooked.

Mrs. Townsend, as chairman of civics of the Woman's club, has had entire charge of this campaign and it is through her influence and work that this campaign has been successful.

ATHENS' HEALTH RECORD.

In a recent statement by the board of health of Athens the health work in that city is shown to have a remarkably good record.

Athens has always had an exceptionally good health department, and for that reason the child health demonstrations of the Commonwealth Fund selected that city as one of the four cities in the United States to demonstrate what could be done to improve the health of the children by intensive work among them.

As a result of this work during the last four years the deaths among the white children, under fourteen years of age, in that city have been reduced more than half over the four-year period just preceding.

In other words during the four-year period, 1920 to 1923, inclusive, there were 137 deaths, and during the last four years there have only been 62 deaths.

Athens is also to be congratulated on the fact that not a resident of that city contracted typhoid fever during the year 1927.

The remarkable record shown in Athens during the last four years can be duplicated in every other city, and should be.

Georgia health conditions generally are not only highly satisfying and gratifying, but are being improved all the time. The state health department is doing an excellent work—although handicapped by a lack of sufficient funds.

No better service investment can be made than in public health work. It not only conserves life, but the virility of man power, which is one of the most essential requirements in the material welfare of all the people.

Alto, Ga., Sanitarium Will Care for Negro Tubercular Patients

For the first time in the history of the state, facilities will be provided for negro tuberculars coincident with the opening of the new sanitarium in connection with the State Tuberculosis sanitarium at Alto, Ga., Saturday, March 10, according to an announcement by the state board of health.

The new structure is a separate building from the other wards and is the old building formerly occupied by white patients renovated and re-equipped to care for the negroes. The new ward will receive patients on its opening day, March 10. Coincident with this announcement another to the effect that Georgia Masons have donated a \$10,000 campaign for the building at the Alto sanitarium within the next few weeks also was made public by the state board of health.

Savannah, Ga., News Sunday, April 22, 1928

PUBLISHES LETTERS OF DR. ARNOLD

Give Interesting Picture of Ante-Bellum Days

ONCE MAYOR OF CITY Selections Made and Edited By Richard H. Shryock

Selections from the letters of Dr. Richard D. Arnold, one-time mayor of Savannah and vice president and secretary of the American Medical Association, have been presented in pamphlet form by Richard H. Shryock of the department of history of Duke University. They have been reprinted from the *Bulletin of the Johns Hopkins Hospital*.

Mr. Shryock was in Savannah a year ago and made a study of Dr. Arnold's letters and papers in the possession of his granddaughter, Miss Margaret Cosens. Acknowledgment of this is made in his introductory note. He gives a little sketch of Dr. Arnold's life (1808-1876), commenting on the fact that while he devoted his life primarily to the practice of medicine in his native city, Savannah, "he was one of those versatile scientific men who was able to attain distinction in public affairs as well as in his profession." In one year, 1850-51, he held not only the two offices already named, but was "leading delegate to a state constitutional convention to discuss secession, and advising the Georgia congressional delegation on the care and handling of old wines."

He took up private practice in Savannah in 1832, having graduated as a physician at the University of Pennsylvania, and in his first year bought and edited a Savannah

newspaper, *The Georgian*. He afterwards, Mr. Shryock says, held every position of importance the city had to offer, aldermen, president of the Board of Education, and six terms as mayor.

The letters, quoted in part, reflect the life of the times in an interesting way. Dec. 8, 1849, in a letter to J. W. Anderson, speaker of the House of Representatives of Georgia, Dr. Arnold is found advocating the passage of an act for the registration of births, marriages and deaths—probably the first effort for a vital statistics law in Georgia. In a later letter to Dr. James M. Green he says that he "was informed that some of our Solons at Milledgeville fairly hooted at the idea of a Registration Bill," calling it "a trick of the doctors."

In June, 1851, he writes to Dr. Thomas Y. Senior of Charleston about the prevalence of smallpox and the precautions that are being taken to prevent its spread, and expresses his "firm belief" in the efficacy of vaccination. In reply to a Dr. Battle of Russellville, Ga., as to the advisability of his settling in Savannah in 1852, Dr. Arnold tells him that ten new physicians have settled in Savannah in a year, and one had died, showing that "doctors bear a large proportion in the increase of population."

In the same year he replies, to an inquiry about typhoid fever, that he has seldom seen it in twenty-two years of practice, and recalls only one case originating in Savannah. He discusses the various types of fever at length and his treatment of them.

Organization of the Savannah Medical College is discussed in several letters, beginning in 1853. The yellow fever epidemic of August and September, 1854, was courageously weathered by Dr. Arnold who stayed at his post of duty when many of his fellow physicians were stricken down and when others, according to his letters, fled the city. Many old Savannah names are found among the records of the epidemic. Writing to Dr. Thomas Stewardson of Marietta after the epidemic Dr. Arnold declares that he had changed neither his principles nor his practice, and is still a "decided non-contagionist." In later letters his views are more fully developed. He insists that the fever originated on the spot and could not have been brought in by ships, as some supposed.

Few letters were written during the Civil War period, but those following it, Mr. Shryock shows, are valuable in pointing out the effects of emancipation upon medical practice in the South and on the public health of negroes. The Medical College of Savannah was financially ruined by the war.

"The letters," comments Mr. Shryock, "are of general interest in giving an intimate picture of the best type of Southern physician in this ante-bellum period."

Clean-Up Week.

Dawson, Ga., March 7.—(Special.) The week beginning next Monday has been set aside as "Clean-Up Week" in Dawson. Mrs. J. M. Gaiggs, of the Woman's club, and Mayor R. R. Martin, as heads of the clean-up campaign, urgently request that all citizens of Dawson do their utmost to rid their premises of any matter that should be removed, not only to beautify the town but as a health measure as well.

MONTHLY HEALTH RECORD FOR CITY SAVANNAH FOR FEBRUARY

Health Department, Savannah, Ga.	White	Negro	Total
Resident deaths, natural causes	39	72	111
Deaths, external causes, residents	3	4	7
Deaths, external causes, including non-residents	4	7	11
Total deaths, exclusive stillbirths	43	83	131
Non-resident deaths included in total	6	6	12
Deaths infants under one year of age	3	12	15
Deaths due to premature births	1	3	4
Death from puerperal cause	1	0	1
Deaths from tetanus of newborn	0	0	0
City live births reported	74	53	145
City stillbirths reported	4	10	14
Total births reported	79	63	145

EPIDEMIOLOGICAL SUMMARY FOR THE MONTH

	Cases	Deaths
Smallpox	24	0
Diphtheria	5	0
Scarlet Fever	2	1
Typhoid Fever	2	0
Malaria Fever	2	0
Brill's Disease	3	0
Pulmonary Tuberculosis	13	5
Influenza (LaGrippe)	32	1
Syphilis	291	1
Pellagra	2	2
Measles	101	1

There were 8 deaths from lobar pneumonia, and 5 from broncho pneumonia.

HEALTH NOTES

Measles continues to lead the list of communicable diseases. Mothers are requested not to give parties for young children while the epidemic of measles continues.

Yours for health,
VICTOR H. BASSETT, M. D.
Health Officer.

Elaborate Preparations Made for 'Clean-Up' Season

With preparations nearing completion for the annual "clean-up and paint-up" week, to be launched on Monday, April 16, indications point to the most effective achievements in permanent advantage to the city ever wrought by the movement. A notable feature of this is to be seen in the cleaning of large office and commercial buildings in the downtown area, giving the city an aspect of neatness heretofore unknown.

The intensive campaign to make the city spick and span is being sponsored by the civic department of the Atlanta Woman's club, of which Mrs. J. R. Little is chairman. It will be made possible through cooperation of practically all other civic organizations, chief among which will be the Atlanta Chamber of Commerce, city officials and commercial leaders.

"Clean-up and paint-up" week was inaugurated 21 years ago and has witnessed increased interest on the part of the public and various organizations each successive year. An attempt to make the beneficial effects of the movement continuous through the year, instead of being of only one week's duration, is being stressed by leaders of the movement this year. An important share in the success of the movement is to be borne by housewives of Atlanta. It was stated. These will be asked to encourage application of the principles of the movement each day of the year.

Marking the dedication of the week beginning April 16 as "clean-up and paint-up" week will be an elaborate and spectacular parade through the downtown sections of Atlanta. It was announced. The parade will start at the Henry Grady monument at Marietta and Forsyth streets. At this time the statue will be given its annual washing.

Official recognition to the movement will be given by issuance of a proclamation by Mayor I. N. Ragsdale, and cooperation of other city officials has been promised in behalf of the movement.

Clean-Up Campaign To Be Launched By Mrs. J. R. Little

Mrs. J. R. Little, chairman of the civic department of the Atlanta Woman's club, calls a meeting Tuesday morning, March 20, at 10:30 o'clock in the assembly hall of the Chamber of Commerce, to make plans for the April clean-up and paint-up campaign.

The clean-up campaign will be on

a very much larger scale than usual, with the senior and junior body of the Chamber of Commerce and the women's division of the Chamber of Commerce giving full cooperation bringing different civic organizations and trade bodies into the movement. In addition to these Mrs. Little has the cooperation of the mayor, I. N. Ragsdale; John J. Jentzen, chief of sanitary department; L. L. Wallis, superintendent of parks; Willis Sutton, superintendent of the public school system; Georgia Railway and Power company; merchants, grocers, druggists and our newspapers have promised full cooperation in every way in this clean-up campaign.

The late Mrs. Sam D. Jones inaugurated "clean-up week" while she was president of Atlanta Federation of Women's clubs, in 1907, and it was made an annual event with the mayor issuing a proclamation each year, making "clean-up week" an official act. In the evolution of club life, clean-up campaign week marks the beginning of a 52-week campaign, and appeals to women. Mrs. W. A. Price-Smith, president of the oldest and largest woman's club in Atlanta, invites every club in the city, both men and women, to cooperate in this campaign.

MACON, GA., Telegraph

MAR 7 1928

ALTO SANATORIUM TO HELP NEGROES

Tuberculosis Sufferers Will Be Given Treatment

ROOM FOR 83 PATIENTS

MACON TELEGRAPH BUREAU, 105 Kimball House.

ATLANTA, March 6.—Announcement is made by Dr. T. F. Abbercrombie, executive officer of the state board of health, that the department for the treatment of Negro tubercular patients, at the Alto sanatorium, is ready for opening to Negro sufferers. That branch of the institution is equipped with beds for caring for 100 patients. At the present time there are only 18 Negro patients.

When provision was made for the erection of the new sanatorium plant, at a cost of half a million dollars, one of the requirements was that the old Alto plant be devoted to the treatment of Negro patients.

A striking comparison is shown in the fact that the new institution, rated as one of the finest institutions

or the kind in the United States, is now filled to its capacity with white patients, and with a waiting list almost as large as before the new plant was completed, while there is no waiting list of Negroes, and available space and equipment to take care of 83 more patients than the Negro department has at this time.

Careful Study Made

A feature of this situation which is commanding careful study by the state authorities is whether or not the tuberculosis situation, insofar as the races generally are concerned, will be solved by the present institution. Statistics show that the larger suffering from tuberculosis is among Negroes and yet there is a disposition among that race away from rather than toward concentrated hospitalization.

A theory which is now being worked on by the state board has in contemplation a plan seeking to bring about the establishment of public hospitals in the larger number of counties all through the state, in order to afford a greater near-the-home attention. In latter day medical science the greater number of hospitals and infirmaries have been constructed and are operated in the line of surgical treatment, whereas, taking into consideration the health and protection, as well as the care, of the general public, what are known as "general" hospitals are more in need now than they have ever been.

That is, hospitals for the general treatment of ailments, and where there is public provision made for the care of charity patients.

JOHN W. HAMMOND.

Thursday, April 26, 1928

FREE TREATMENT FOR NEGROES

The Tuberculosis Sanatorium at Alto is now open for the care of the tuberculous negroes of our State. For the first time in the history of Georgia this can be said. The institution is well equipped and is in the hands of the same physicians as are in charge of the white unit. Application blanks can be had by writing Dr. E. W. Glidden, Superintendent, Alto, Ga.

Health-1928

Atlanta, Ga., Journal
Saturday, May 26, 1928

Tubercular Body Selects Happ for Georgia President

Lee M. Happ, of Macon, was elected president of the Georgia Tuberculosis Association at its annual meeting Thursday in the Winecoff hotel, to succeed Dr. E. W. Glidden, of Alto, the retiring president.

Other officers elected were Dr. I. A. White, Cartersville, first vice president and R. W. Hatcher, Milledgeville, second vice president. The president was chosen as Georgia's director on the national board at the annual conference in Portland, Ore., while James P. Faulkner, managing director, was elected delegate to the national convention which also meets at Portland, June 18 to 21.

Annual reports were rendered on the progress of building on the children's unit at Alto, which is being financed by the Masons of Georgia; the opening of the colored section at the same institution; juvenile clinical work over the state and the various types of service rendered during the last year.

Those present were: R. W. Hatcher, Milledgeville; Dr. J. D. Applewhite, Macon; Dr. F. L. Crosby, Columbus; Dr. E. W. Glidden, Alto; Dr. J. C. Burch, Alto; Miss Virginia Gibbs, Marietta; Dr. I. A. White, Cartersville; Miss Lillian Griffin, Marietta; Mrs. W. A. Goodman, Marietta; Mrs. F. W. Hodgson, Miss Mary Dickinson, Miss Mildred S. Manson, Dr. E. C. Thrash, Miss Jane Vandevrede, Dr. T. F. Abercrombie, Dr. C. C. Aven, Dr. Allen Bunce and James P. Faulkner, of Atlanta.

SAVANNAH, GA.

AUG 20 1928

TUBERCULOSIS AMONG NEGROES IS TOPIC

Atlanta, Aug. 19 (P).—One entire session of the annual conference of the Southern Tuberculosis Association in Biloxi, Miss., next month will be given over to a discussion of the disease among negroes, it was learned here from information furnished by Richard F. Hudson of Birmingham, secretary-treasurer of the conference. The conference will meet Sept. 12-15.

"One of the greatest problems now confronting the anti-tubercular movement in America is that of finding a way to further reduce the mortality from tuberculosis among negroes," Mr. Hudson said. He added that death rate from the disease is among negroes from three to four times as great as among whites.

MONTHLY HEALTH REPORT—CITY OF SAVANNAH

VITAL STATISTICS FOR THE MONTH OF MAY

Resident deaths, natural causes	12	9	21
Deaths, external causes, residents	3	2	5
Deaths, external causes, including non-residents	3	3	6
Total deaths, exclusive stillbirths	54	109	154
Non-resident deaths included in total	9	7	16
Deaths, infants under one year of age	5	10	15
Deaths due to premature births	1	4	5
Deaths from puerperal causes	0	0	0
Deaths from tetanus of newborn	0	0	0
City live births reported	75	49	125
City stillbirths reported	3	11	14
Total births reported	79	60	139

EPIDEMIOLOGICAL SUMMARY FOR THE MONTH

	Non-resident		Total	
	Cases	Deaths	Cases	Deaths
Smallpox	0	0	2	0
Diphtheria	0	0	0	0
Scarlet Fever	0	0	0	0
Typhoid Fever	0	0	3	0
Malarial Fever	0	0	4	0
Whooping Cough	0	0	4	1
Pulmonary Tuberculosis	2	0	24	10
Influenza (LaGrippe)	0	0	29	5
Syphilis	15	1	320	2
Pellagra	0	0	7	4
Measles	0	0	3	0
Infantile Paralysis	0	0	1	0

There were 3 deaths from lobar pneumonia, and 10 from bronchopneumonia.

HEALTH REPORT FOR CITY OF SAVANNAH

VITAL STATISTICS FOR THE MONTH OF JUNE

	White	Negro	Total
Resident deaths, natural causes	29	84	113
Deaths, external causes, residents	4	4	8
Deaths, external causes, including non-residents	4	6	10
Total deaths, exclusive stillbirths	42	95	137
Non-resident deaths included in total	9	7	16
Deaths, infants under one year of age	3	11	13
Deaths due to premature births	2	2	4
Deaths from puerperal causes	0	2	2
Deaths from tetanus of newborn	0	0	0
City live births reported	69	49	118
City stillbirths reported	3	11	14
Total births reported	72	60	132

EPIDEMIOLOGICAL SUMMARY FOR THE MONTH

	Non-residents		Total	
	Cases	Deaths	Cases	Deaths
Smallpox	0	0	0	0
Diphtheria	0	0	1	0
Scarlet Fever	0	0	3	0
Typhoid Fever	0	0	1	0
Malarial Fever	0	0	0	0
Whooping Cough	0	0	0	0
Pulmonary Tuberculosis	2	1	21	15
Influenza (LaGrippe)	0	0	20	2
Syphilis	14	1	380	3
Pellagra	1	0	4	2

There were 2 deaths from lobar pneumonia, and 5 from bronchopneumonia.

VICTOR H. BASSETT, M. D.,

Health Officer.

MACON

GA.

ISSUE OF

JUL 9 - 1928

STUDENT HEALTH REPORT IS MADE

Total of 6,323 Pupils Examined
in Bibb During Year

NEARLY 2,000 ARE NEGROES

There were 6,323 children in the public schools of the city of Macon and Bibb county examined by the county health department during the last school year, it was announced yesterday by Dr. J. D. Applewhite, health officer. Of this number, 4,633 were white children and 1,690 were Negroes.

The tabulation of defects found on examination reveals that only 14.5 per cent of the Negro children were underweight while 30.5 per cent of the white children were found underweight, Dr. Applewhite said.

"After examinations are made parents are notified of defects found and advised to take steps necessary to have them corrected," Dr. Applewhite continued. "The advice given is carried out in a large per cent of the cases."

"One can readily see the importance of having these conditions corrected as they are likely to retard both mental and physical development if allowed to go untreated."

Chests Examined

"During the past 18 months we have been especially interested in the examination of the chests of the children. It was anticipated that by going thoroughly into this work that numbers of cases of tuberculosis would be found. The result of these examinations have been rather surprising in that a larger percent of the white children examined showed this infection than was the case among the colored children."

"During 1926 and 1927 80 per cent of all deaths in Macon from tuberculosis were among the colored population so one would naturally expect to find a larger per cent of this infection in colored children."

"If careful attention is given to the food that the children eat, the manner of eating together with the regularity of time of eating there is no doubt but that many of these children can be brought up to normal weight," he said.

Below is given the tables showing number examined, together with different defects found:

White Schools

Number examined, 4,633.
Number with physical defects, 3,449, 74.4 per cent.

Colored Schools

Number examined, 1,690.
Number with physical defects, 1,093, 64.6 per cent.
Defects found:
Underweights, 246, 14.5 per cent.
Eyes, 26.
Ears, 3.
Nose, 1.
Throat, 498, 29.4 per cent.
Teeth, 572, 33.8 per cent.
Heart, 36.
Lungs, 27.
Orthopedic, 10.
Skin, 18.
Enlarged glands, 171.
Other defects, 6.

HEALTH CAMPAIGN OPENED FOR NEGROES

Rev. C. J. Jones, president of the Negro Educational Health Service, is opening a health campaign in the city of Columbus, which will extend to all parts of the state. Dr. Jones is endeavoring to put a health program which the late Booker T. Washington tried to accomplish in his life time. The health of the Negro is great everywhere, according to vital statistics which the health promoter carries with him.

In some sections of the state, deaths occur among the negroes to one white. Especially true in the thickly settled districts, or black belts. Rev. Jones is working with the health authorities in each county of the state and has endorsements from men of high standing throughout the south. Tuberculosis, venereal disease, typhoid and malaria, he said, are killing a large percentage of the negro people. The general cooperation of the citizens of Columbus is requested in putting over this program. Negro servants can contaminate thousands of white families annually, he said. The negro health worker is a professor of chemistry, anatomy and sanitary science, and although he is not practicing medicine, he is an authority on health and disease, having given special study to the subject for a number of years.

HEALTH PROGRAM FOR NEGROES LAUNCHED

For the purpose of opening up a health improvement campaign among negroes Rev. C. J. Jones, president of the negro educational health service, is in Columbus. He co-operates with the health authorities in putting over his health program among members of his race, he states, which is the same program the late Booker T. Washington endeavored to promote.

According to vital statistics which Rev. Jones carried with him in some sections five negroes die from tuberculosis or unsanitary and communicable diseases to every one white person, to say nothing about other diseases.

The negro health promoter is requesting the co-operation of the people of Columbus, white and colored. He says this better health program must be extended throughout the state, as afflicted negro servants can contaminate thousands of white families annually. On this showing he is asking the aid and co-operation of white people, as well as negroes.

Health Program For Colored People

Activities As Promoted by the Health Center

George R. Arthur, a representative of the Julius Rosenwald Fund, Chicago, for the promotion of work for the negro race, has been recently making a study of public health nursing for colored people in the South. He made the statement a few days ago that Savannah has more colored public health nurses than any other city in the South, a fact of which we might well be proud and thankful also, as this work is much needed. Statistics show a high mortality, or death rate, and a high morbidity, or sickness rate, for the colored population of Savannah. These rates are unusually high in comparison with other cities of the United States for colored people—however, we should do our utmost to reduce them and stop the waste of human life. The Public Health Nursing Service of the Health Center is helping very materially to do this—the records of the City department of Health show

that the Infant Mortality rate (or deaths of babies under one year of age) for 1927, was 56 infant death per 1,000 live births for the white population and 167 infant deaths per 1,000 for the Negro population. The infant mortality rate for the whole United States (registration area) in 1925 was 72.

In discussing the work of the Public Nursing Service, a representative of the service says:

"From these figures it can easily be seen that we can reduce the number of infant deaths very much for the colored population. The following program is being carried on at present through the Health Center for the colored people of Savannah exclusively.

"Eleven colored nurses go out daily from the Health Center to make instructive and nursing visits in the homes. One of these nurses is supported entirely by the Colored Federation of Women's clubs—they also support the Tyler Clinic for infants and young children; a white children's specialist is the physician for this clinic.

"Four medical clinics are conducted weekly for children of school age by four colored physicians. One free dental clinic is conducted weekly by a colored dentist. One eye, ear, nose

and throat clinic is conducted weekly by a white physician. One Prenatal clinic is conducted weekly by a white physician.

Instructive follow-up nursing visits are made on each patient by the Health Center nurses. Four prenatal classes for expectant mothers, giving demonstration and instructions are held weekly. Two venereal disease clinics are held weekly, at which free treatment is given those unable to pay for this from a private physician.

Meetings and classes for the colored midwives are held monthly by the director of the Health Center.

One orthopaedic clinic, or clinic for cripples, is held weekly with a white physician in charge. This is a good start for a comprehensive health program. We know the work is needed and by each citizen "doing his bit" it can be developed as it should to make effective the conservation of human life and health. Part of the funds for the support of the above program came from the community chest—the drive for which will be put on in the fall."

Tuberculosis Among Negroes

The Vital Statistics Bureau of the State Board of Health has just compiled for the Georgia Tuberculosis

Association some comprehensive tables for the new edition of the Thirty Lesson Course in Teacher Training in health, which is being used in seventeen Summer Normal Schools for Rural Teachers. These tables show a general death rate from tuberculosis in the state of 72.2 per hundred thousand for 1927. Analyzing the rate by races, it is found that the white rate is only 41.22 per cent, while the rate among negroes is 120.7. The negro death rate is therefore nearly three times that among the white population. This means that the real tuberculosis problem confronting the state is the control of the disease in the colored race. While one cannot be positive about it, it is likely that if the disease could be eliminated among the negroes, it would almost automatically disappear among the white population.

GEORGE ARTHUR ON INVESTIGATION HERE Is Rosenwald Foundation Agent on Negro Health

George Arthur, agent of the Julius Rosenwald Foundation, with headquarters in Chicago, was a visitor in Savannah yesterday in the interest of health work among the negroes.

In company with President B. F. Hubert of Georgia State Industrial College, he made several visits to institutions where colored patients are treated, and conferred with some prominent white citizens about the health work among negroes as a general proposition.

He was particularly interested in the colored city nurses. It is understood that Mr. Rosenwald is to give through his foundation some scholarships for colored nurses where they may receive the benefits of a higher training in their work. It is also believed that the foundation will provide funds for a few more colored nurses to be under the direction of the city health office.

HERALD AUGUSTA, GA.

NO OTHER NEGROES IN THE SOUTH ENJOY SUCH TREATMENT

AUGUSTA is fortunate indeed in having secured for this city and for the county the friendly interest of Mr. Julian Rosenwald, president of Sears-Roebuck & Company, and one of the greatest

philanthropists of the world.

The Rosenwald Foundation already has some \$20,000,000 to spend, and it is reported that Mr. Rosenwald's entire fortune, estimated at close to a half billion dollars (\$500,000,000) will be spent for the promotion of education and health, principally among the negroes of the country.

Some of our local citizens who have been interested in the movement here to better the negro's condition have gone to Chicago and discussed with Mr. Rosenwald and his representatives these problems, and representatives of the Rosenwald fund have visited Augusta.

Just a few days ago Mr. S. L. Smith, southern field representative for the Rosenwald fund, and Dr. Charles Arthur, a negro who has been employed to get the colored man's viewpoint in this work, were visitors here and conferred with local educators and physicians. Mr. Smith is a southern man, having formerly served as superintendent of schools at Nashville, Tenn. Arthur has been visiting hospitals in the South that treat negro patients.

It is understood that Mr. Smith has visited most of the hospitals in the South that provide for colored patients, and while here he declared that the University Hospital, without exception, provided the best facilities for negroes of any institution in the South.

While in Augusta Mr. Smith and Dr. Arthur met with Dr. W. H. Goodrich, Dr. V. P. Sydenstricker, and Dr. H. W. Shaw at the hospital and the Rosenwald representatives were permitted to attend a clinic for negro babies. They were shown the real need of a clinic at the Medical College here. It is understood that at least \$150,000 would be required to establish such a clinic and that it might be possible to secure from the Rosenwald Foundation a large part of the amount for carrying on this work here.

The Rosenwald representatives were much impressed with the possibilities of a clinic here and Mr. Smith suggested that the college authorities prepare a prospectus showing cost and service that could be rendered and present it to Mr. Embree, who is the head of the Rosenwald Foundation.

Making an exception in the case of Augusta, a contribution toward the building of the first modern school for negroes here was promised local educators by Mr. Smith during his recent visit. Ordinarily the Rosenwald fund is spent only to aid rural negro schools, but assistance will be given a city school in this instance.

The Rosenwald fund was established eight years ago with a nucleus of \$18,000,000. The income was

to be used to assist in building rural schools for negroes in the South. Already \$3,500,000 has been spent for this purpose.

The Rosenwald Foundation is now sponsoring health work among the negroes and \$50,000 has been appropriated for a hospital in Philadelphia and a like sum in Baltimore.

Julius Rosenwald began his business career without funds or influence, and his success has been probably the most remarkable of any man in this country. He left school at the age of 16. His first job was carrying traveling bags and with the first money received he purchased a gift for his mother.

Later he traveled for Rosenwald & West, clothing to save the business.

When Mr. Rosenwald saw a few years ago that shortly to be established here, occupying the old J. B. White building on the 700 block of Broad Street. The concern already operates a smaller store here.

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Four medical clinics are conducted weekly for children of school age by four colored physicians. One prenatal clinic is conducted weekly by a colored dentist. One eye, ear, nose and throat clinic is conducted weekly by a white physician. One prenatal clinic is conducted weekly by a white physician.

Inspective follow-up nursing visits are made on each patient by the Health Center nurses. Four prenatal classes for expectant mothers, giving demonstration and instructions are held weekly. Two venereal disease clinics are held weekly, at which free treatment is given those unable to pay for it. Meetings and classes for the colored activities are held monthly by the director of the Health Center.

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Augusta is fortunate indeed in having secured for this city and for the county the friendly interest of Mr. Julian Rosenwald, president of Sears-Roebuck & Company, and one of the greatest like sum in Baltimore.

Today it is the biggest mail order concern in the world. The year 1920 found the company with a tremendous stock of merchandise and prices so deflated as to threaten the very life of the institution. Again Mr. Rosenwald came to the rescue and pledged his personal fortune

stores all over the country. One of the stores is shortly to be established here, occupying the old J. B. White building on the 700 block of Broad Street. The concern already operates a smaller store here.

When Mr. Rosenwald saw a few years ago that paved roads and automobiles were bringing customers into the cities to make purchases, where they formerly secured their needs through mail orders, he met changing conditions by establishing department stores all over the country. One of the stores is shortly to be established here, occupying the old J. B. White building on the 700 block of Broad Street. The concern already operates a smaller store here.

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Health - 1928.

Georgia.

PRIZES AWARDED BY HEALTH CENTER

Prizes awarded for the best outfit for a colored baby of six months of age were awarded by the Health Center as follows: 1st prize, Mrs. Nora Hollis, 121 Auburn street; 2nd prize, Mrs. Loretta Jackson, 546 1/2 Orange street. Special mention for merit, Mrs. Lily Mae Smalls, 622 Olive street. Other mothers winning ribbons for special merit were: Mrs. L. Green, 570 Orange street; Mrs. Martha Jefferson, 615 Mill street; Mrs. Victoria Green, 544 West York street.

The mothers mentioned above had received instructions in prenatal classes and also from Health Center nurses making home visits. All of the outfits displayed were remarkable for their completeness, simplicity and for the small expense involved in making them. The prizes consist of clothing for an infant.

ALL OF HAITI BEING CLEANED OF DISEASES

**One-Fourth of Haitians are
Patients at Clinics. Are
Treated Free in U. S.
Institutions**

By CLARENCE K. STREIT.

WASHINGTON, D. C. Mar. 23.—

Five hundred thousands Haitians, or about one-fourth of the entire population of the republic, are now being treated in the free rural clinics established there in 1924 under American intervention. The figure, taken from the annual report of the American Sanitary Engineer attached to the Haitian Government indicates at one stroke the need for public health work which American officials found in the Negro State, and how that need is being met.

The land in three years has been dotted with 106 of these rural clinics. To most of them American and Haitian doctors go regularly once a week; a few are so remote that monthly visits are all that are now possible. They go by all manner of means, automobile, motor boat, horseback, and they treat all manner of diseases, but especially the three great ills, from one or more of which nearly all Haitians suffer; yaws (a milder, tropical form of syphilis), intestinal worms and malaria.

Health Is Improving

Already the Sanitary Engineer, Dr. Kent Melhorn, United States Navy, can report that in a few more years yaws will no longer be an important economic factor in Haiti. The eradication of worms and malaria, he says does not depend, however, upon medical treatment alone. To stamp them out, the land must be cultivated more than it now is.

How the health of the Haitians is improving through these rural clinics is shown by another figure. Admissions to the general hospitals in Haiti dropped 1,000 last year. There are ten general hospitals now, one for each of the districts into which the country has been divided.

These hospitals are not only for

the most part free but they also have free clinics for vaccination, treatment that does not require admission, and general physical examination. The crowd of Haitians assembled in the grounds of these hospitals on clinic day is a sight to behold.

The visitor who beholds it, however, cannot realize the full achievement it represents. To get the Haitian peasant to come freely for treatment—to beg for it, as he does now—was a task in itself. The Haitian hospitals before American intervention were places where people came not be cured but to die.

Blow to the Voodoo Doctor.

Moreover, superstition made the peasants fearful, and the voodoo doctors did their utmost to exploit this fear and maintain their ascendancy. The American doctors won by performing "miracles" more astounding than the voodoo doctors said they themselves performed.

Health-1928

HERALD-EXAMINER
CHICAGO, ILL.

MAR 7 1928

NEGRO HEALTH DRIVE SUNDAY

Religious, social and fraternal organizations under the leadership of the Cook County Physicians' Association will open a four weeks' health campaign among Chicago Negroes at St. Mark's M. E. Church, Fifth st. and Wabash av., next Sunday evening.

In previous years, the annual campaign was limited to a week, but recently published statistics, showing an increasing mortality rate among the race, prompted those in charge to extend it to four weeks.

During the first week, speakers will go to the public schools, clubs, theaters and churches. The second week will be devoted to discussions of heart disease, the third to rickets and the fourth to tuberculosis.

NEWS
CHICAGO, ILL.

MAR 7 1928

COUNTY NEGROES IN HEALTH DRIVE

Colored Doctors Decide on
Four Weeks' Campaign
to Open March 12.

Mindful that the word "doctor" originally meant "teacher," Negro doctors of Cook county are going to spend four weeks going into schools, theaters, clubs and church pulpits to teach their people how to keep well. The campaign is under the leadership of the Cook County Physicians' association, the Lincoln Dental society

and religious, fraternal and social organizations.

In previous years such campaigns for health education have been confined to one week of intensive activity, but this year the organizations decided four weeks are needed to cover the field.

Each week a special type of disease to which Negroes are prey, such as rickets or heart disease, will be emphasized. The campaign will open at 7:30 p. m. Sunday, March 12, at St. Mark's Methodist Episcopal church, 50th street and Wabash avenue.

Affiliated with the campaign are the American Meat Packers' association, the National Dairy council, the Illinois department of public health,

the Illinois State Medical society, the Chicago Heart association, the Illinois Society for the Prevention of Blindness, the Illinois Social Hygiene league, the Elizabeth McCormick Memorial, the Chicago tuberculosis institute, the Visiting Nurses' association, the Chicago Infant Welfare association, the Y. M. C. A. and other agencies.

The campaign will close with an exhibit during the fourth week at the Wabash avenue Y. M. C. A.

STAR
INDIANAPOLIS, IND.

MAR 11 1928

"Y" OFFERS NEGROES FREE HEALTH TESTS

In co-operation with the Marion County Tuberculosis Society, the colored men's branch of the Y. M. C. A. has arranged to give a free medical examination to any Negro man or boy in the city this week. A thorough examination of the heart, lungs and blood pressure will be given by a staff of Indianapolis physicians. All examinations will be private and confidential. The diagnosis chart will be given the applicant when the examination is completed, so that it may be used by the family physician.

The schedule that has been arranged will allow grade school boys from School Nos. 4, 17, 19, 23, 24, 26 and 37 to be examined at 4 o'clock Tuesday afternoon, by Dr. M. D. Batties. School Nos. 40, 42, 56, 63, 64, 79 and 83 are scheduled for 4 o'clock Thursday afternoon by Dr. H. L. Hummons. Crispus Attucks high school is scheduled for 8 o'clock tomorrow evening with Dr. N. L. Wales as the examiner and on Wednesday at 4 o'clock by Dr. W.

E. Brown.

The schedule for men will allow examinations at 8 o'clock tomorrow night by Dr. Wales and at 8 o'clock Wednesday night by Dr. E. D. Alexander. A. H. Maloney, Theodore David and T. Pinckney of the Indiana university school of medicine will serve as assistants.

A motion picture, "The Early Diagnosis of Tuberculosis," will be shown in the Y. M. C. A. lobby tomorrow.

CHICAGO, ILL.

Journal
MAR 2 1928

NEGRO DEATH RATE SOARS

More Die Than Are Born in
Year in Southern Illinois
Counties

STATE FIGURES GATHERED

Negroes in Illinois are dying from tuberculosis, pneumonia, dysentery and homicide faster than the race can reproduce itself. The state department of health has issued a bulletin on the subject.

The vital experience of the negro race in Illinois as revealed in a survey made by the state department of health shows that negro mortality is 23 per 1,000. White mortality is 11.2.

The vanishing of the negro takes place despite a higher birth rate than the whites, the survey shows. White birth rate is 19.5. Negro birth rate is 22.5. This produces a ratio of 98 births of negroes to 100 deaths, not enough for reproduction. The white race has 175 births to 100 deaths, leaving a surplus of 75 births per 100, or 75 per cent, to rebuild the white race.

Infant Death Rate Higher

Negro infants under 1 year of age die at twice the rate that white babies do, the exact figures being 136.7 blacks to 70.6 whites out of 1,000 children. In a four-year period of Illinois there were 333 births less than deaths among negroes, while the white race had 222,668 more births than deaths in the same period. This process of extinction of the colored race is going

Illinois.

on all over the state, the survey shows, as well as in other states.

Birth rates compared to death rates are indicated in the table which follows:

State—	Birth rate.	Death rate.
Illinois	22.5	23.0
Wisconsin	18.3	10.6
Indiana	16.3	10.6
Iowa	8.3	10.6
Kansas	8.8	10.6
Michigan	11.0	10.6
Minnesota	32	10.6
North Carolina	20.3	10.6
Mississippi	14.6	10.6
Virginia	15.9	10.6

Gets "Break" in Two States

Indiana and Michigan are the only two states shown in the survey which give the negro an even break or better in the race to survive. Indiana gives him a 3 per cent chance to rebuild the race, and Michigan gives a 10 per cent handicap in favor of cheating death.

"In 1925 the negro race actually lost more by death than it gained by birth in the southern counties of Illinois, where the blacks constitute 10 per cent of the population," the health bulletin says. "Alexander county reported sixteen more black deaths than births. Massac county reported an equal number of each, while Pulaski registered 126 negro deaths, against ninety-two births."

The bulletin, however, suggests that incomplete registry of negro births may be partially responsible for the unnatural difference. But the high birth rate reported for negroes, the health department says, indicates that too much confidence can not be placed in this assumption. "Even complete reports would not show a healthy increase in the negro race," it says.

Table Gives Figures

Based on a study of four years, from 1922 to 1925, the table which follows gives the vital statistics for the negro race in Illinois.

Birth rate	22.5
Death rate	23.0
Number of births	19,679
Number of deaths	20,071
Births per 100 deaths	98
Infant deaths per 100 births	136.7

The bulletin says negroes die of tuberculosis about four and one-half times as fast as whites; approximately the same for pneumonia. There were three times as many deaths among the blacks from diarrheal disorders as among whites, and seven times as many deaths from homicide among colored persons as among whites.

Rosenwald To Extend Clinics

Hopes to Give Medical Aid
To People of Moderate Means

CHICAGO, Nov. 15.—Extension of the activities of the Julius Rosenwald Fund of Chicago, heretofore

chiefly concerned with the building of Negro rural schools to include support of medical services to people of moderate income, was announced Monday by Edwin R. Embree, president of the fund.

Michael M. Davis has been appointed director of medical services. He is nationally known as an authority on hospitals and clinics and as a writer on public health subjects. The fund is planning to study and from time to time to give practical aid to clinics and other medical services, including pay clinics.

William B. Harrell, now assistant auditor of the University of Chicago, has been appointed secretary and comptroller of the fund. Clark Foreman has been named associate field agent for Southern schools and colleges. Franklin C. McLean has been selected a trustee.

TRIBUNE
CHICAGO, ILL.

OCT 26 1928

Fifty Colored Doctors Join in Fight to Curb Tuberculosis

Alarmed over the high death rate from tuberculosis among the Negroes in Chicago, fifty Negro physicians are trying to help solve that health problem.

Last night those physicians were awarded certificates following a specialized course in tuberculosis and its prevention, given under the auspices of the Municipal Tuberculosis sanitarium. The awards were made by Le Roy Millner, president of the board of directors, at the Metropolitan center, 4601 South Park way.

"Color is no bar to achievement," Dr. Benjamin Goldberg, director of the school, declared, commending the work of those who took the course.

Dr. Goldberg told of the changed conditions of life between that in the south, to which the colored people were accustomed, and the greater rigors of climate, industry and diversion in Chicago. He also cited the overcrowded living conditions here.

"In 1923, when the Negro population was less than 100,000, 344 died of tuberculosis," he said. "In 1927, with an estimated Negro population of 170,481, such deaths totaled 685. With an apparent increase of about 70,000 in population, there was an increase of 274 deaths per annum."

"A comparison with the death rate in the white population will show that the Negro is succumbing to the disease, not only in larger numbers but at a higher ratio than is the white race. In 1923 the white census of Chicago was about 2,800,000, with a mortality of 1,914 from tuberculosis. In 1927, with an increase of about 250,000 persons, the deaths from tuberculosis were 1,798, making an annual decrease of 116 deaths, despite an increase of nearly a quarter of a million popula-

tion. Dr. Goldberg pointed out that most of the deaths of colored people from tuberculosis were of persons under 30, while with white persons the age was over 30. For the first nine months of 1928, he said, there have been 74 more deaths among colored people from tuberculosis than in the same time last year.

NINETY-SIX PERCENT OF SCHOOL CHILDREN HAVE DEFECTIVE TEETH

It has been brought out that most of the 500,000 Chicago school children (in both public and parochial schools), whose mouths have been recently examined by order of Commissioner of Health Arnold H. Kegel, have bad teeth, ranging from 1 to 14 per mouth.

Dental and medical science has proved repeatedly that bad teeth lead to fecal infection, this process leading to further systemic troubles. By blood and lymph circulation the infection may be carried to other parts of the body, ultimately producing not only a susceptibility to the usual current ailments but causing a defective mentality. Records of grades show that many children whose teeth were defective were falling behind in their school work.

In the face of these facts, parents should be more than eager to sponsor the new dental plan of Health Commissioner Kegel and do all that is in their power to help pass the necessary appropriation for its realization.

Health - 1928

Kentucky

HERALD-POST
LOUISVILLE, KY.

OCT 30 1928

HEALTH FOR US ALL.

AMONG the things that Louisville can very well afford to look into is to what extent the statements in a reputable medical journal apply to its citizens. Surveying the whole United States, a writer in American Medicine declares that the death rate of Negroes in cities is almost twice that of white citizens.

The figures quoted for registered cities was an average of 23.5 for Negroes as against 12.2 for whites.

And in comment the writer adds:

It is unnecessary to go into specific details concerning these variations in mortality rate. It is obvious that the colored mortality rate is entirely out of harmony with what would be the fact if our present knowledge concerning the prevention of disease were properly employed and if there were adequate medical care for those already afflicted with disease. The fact that the major disproportion in these mortality rates exists in cities indicates there is ample need for investigation of health work in large cities.

he writer suggests that a medical missionary movement of national scope is indicated. ut actually, while conditions in Chicago, ew York, Cincinnati, Indianapolis and ouisville, as representing cities to which rge numbers of Negroes have come, are ely similar, the health problems remain al.

By this time it is a certainty that what is drawback to any class of our citizens, ither of race or civic geography, is a triment to the whole. It is a short-hted idea that whole sections of a city can breeding places for disease without af-ting other sections. Sewers in one part town and not in others are but one of the tors of health.

Georgetown, Ky., News
Tuesday, October 2, 1928

NEGRO BABY CLINIC

A negro baby clinic will be held at the offices of the Scott County Health Department Friday afternoon between the hours of one and three o'clock.

Health - 1928

Ruston, La. Leader
Wednesday, April 25, 1928

MIDWIVES MET SATURDAY A.M. DESPITE RAIN

Nurse Stresses Importance of Putting Nitrate Sil- ver In Babies' Eyes

Last week was "Colored Health Week" in Ruston and environs. More than 175 children at Washington Heights school were examined by Mrs. L. B. Gage, the parish health nurse, and more than 250 colored people inspected the exhibits in the State Board of Health's health car, a time being set aside for their visit.

Through the efforts of Mrs. Gage, a State Board nurse was obtained for a survey at Grambling school, and every child attending that institution was examined.

A meeting of the midwives of Lincoln parish was held in the City Hall last Saturday morning which was well attended despite the heavy rain. The purpose of these meetings is to impress upon the midwives the importance of administering silver nitrate in the eyes of all new-born infants and to check up on the birth registration.

Mrs. Gage will assist these colored women in assembling equipment for maternity cases and will give each group in Lincoln parish instructions on pre-natal care, as well as useful suggestions for use at time of parturition. Education of the women in their work will bring about fewer fatalities at childbirth and in early babyhood.

TRIBUNE NEW ORLEANS, LA. SE 1 1928 NEGROS WILL GET CLINIC ON SUNDAY

The community medical clinic of the Universal Negro Improvement association will be formally presented to the negro community by Dr. Logan Horton, its director at dedication exercises to be held in Liberty Hall, 2919 South Rampart street Sunday afternoon. The exercises will begin at 3:30 p. m. Others on the program who will speak are C. M. Colladay, Rev. William Johnson, W. H. Mitchell, Jr., and J. J. Peters, president of the association.

TIMES-PICAYUNE NEW ORLEANS, LA.

JUN 28 1928

CLINIC WORK DONE BY NEGRO DOCTORS

Clinic work at the Charity hospital constituted the main feature of Wednesday morning's session of the Louisiana Medical, Dental and Pharmaceutical Association (negro) convention now in session.

Wednesday afternoon's program was held in the Pythian Temple. Among the visiting physicians who addressed the association were Dr. W. P. Kyle, Gulfport, Miss., and Dr. C. C. Cater, Atlanta, Ga. Dr. Cater is medical examiner for the National Benefit Insurance Company. Other speakers on the afternoon program were Dr. W. V. Ezidore of Litcher, Dr. Taylor Segue, who delivered a lecture on nerve blocking; Dr. Rivers Frederick, Dr. R. J. Vining and Dr. R. Baranco, who spoke on the subject of cancer.

A smoker was given the visiting doctors Wednesday evening. Today's program will be featured by free clinics conducted at the Flint Goodridge hospital. Addresses and lectures will be held in the afternoon at the Pythian Temple and a dance will be given on the roof garden Thursday for the negro hospital.

ITEM NEW ORLEANS, LA.

AUG 28 1928

Asks Aid In War On Tuberculosis

Miss Gordon Says All Are Needed To Aid Drive

Miss Kate M. Gordon in a plea to the people of New Orleans to assist in the work of obtaining a tuberculosis hospital for New Orleans points out that in order to complete purchase of the land and to build and equip the hospital \$160,000 or \$16,000 a year for 10 years is yet to be raised. Her statement says that \$190,000 has already been raised in money and pledges.

Calling attention to the situation in New Orleans Miss Gordon says "The history of securing a tuberculosis hospital for New Orleans is a

disgraceful record of cruelty, selfishness and stupidity."

She cites for praises the work of many and quotes figures from the City Board of Health to prove the dangers of the present situation. Her statement follows:

Community Must Awaken

"The goal set for the Orleans Anti-Tuberculosis Hospital Foundation, calls for \$350,000, to build and equip the hospital and complete the purchase of the land; \$190,000 of this amount has been raised in money and pledges. \$160,000 remains to be raised, or \$16,000 a year for ten years. This means not only the hospital but saves the entire tract for a health park dedicated not alone to the victims of tuberculosis, but consecrated to the service of any form of suffering that need a refuge in a health asylum.

"Our community must be awakened to the seriousness of the tuberculosis situation in our midst. We offer in evidence a method by which you may draw your own conclusions. Tuberculosis authorities are agreed that for every death in a given locality there are nine active cases of tuberculosis as the minimum, and fifteen as the maximum. In a community with a large negro population, the maximum is to be expected, and our Gentilly Tuberculosis Clinic justifies such a conclusion for New Orleans. The City Board of Health reports 848 deaths from tuberculosis in 1927. Multiply this number by 9 or 15 and you will know the number of the least or the most of the active cases in our city. Our clinics have examined since January, 2751 new patients, only 408 of whom could be discharged as definitely negative. We started the year with 4167 positive or potential cases, add to these the 2343 positive and potential new cases and the conclusion must be that the maximum is New Orleans' portion.

Negro's Plight Pitiful

"The history of securing a tuberculosis hospital for New Orleans, is a disgraceful record of cruelty, selfishness and stupidity, beyond belief in a people who talk of the brotherhood of man. The plight of the negro is pitiful. On the other hand our tuberculosis work records one of the greatest examples of unselfishness, devotion and sacrifice in behalf of a cause by Claire Fromherz, superintendent of Hygeia. I want the people of New Orleans to know her story. When the league first started the camp across the lake on land donated by the St. Tammany Health and Home league with money left from the 1905 yellow fever campaign, this young woman in the heyday of her nursing profession volunteered her services for six weeks to organize the camp. At the end of six weeks she extended the time to three months, and then went to Doctor Joachim, chairman of the sanatorium committee, and asked whether he thought the league could afford \$50.00 a month, and if so she would be superintendent.

At the very time Miss Fromherz

made this decision, I am reliably informed that Touro was seeking her services as chief of nurses at \$250 a month.

"Hygeia has given a chance for their lives to 1430 patients. Patients under her practical training have been returned to their homes veritable neighborhood missionaries in the gospel of tuberculosis prevention. There are men and women in business offices and factories who owe their lives to Hygeia and the spirit of Miss Fromherz. There are homes today without orphans because of her intelligent care of fathers and mothers. Little children who did not miss mothering when cuddled in her strong arms. Even Uncle Sam is indebted to Hygeia, for 16 men were saved for his service in the navy and army, some of whom fought in the battles of Verdun and Belleau Woods. It is impossible to convey the hope, the comfort and the courage she has given patients and their families. Yet with all the sacrifices she has made, in twenty years of unremitting services, separated from family and friends she did not feel that she had done all she could do in this war on tuberculosis, for unsolicited she handed me her hospital contribution, a \$100 bill. I hope I will not offend her in telling this, for only the poor who receive know where her charities begin or end, and every Orleanian whether they know it or not is her beneficiary.

Need Help of All

"The league asks every citizen, not prevented by direct poverty, to be among the givers to the city's greatest needed charity. Grateful for any amount given, the league suggests a plan which will make it easily practical for different sized purses to contribute. It is based on pledges covering when desired in ten annual payments. The pledge is only an earnest of intention, and if for any reason cannot be fulfilled an honorable release will be granted. It does not ask that these pledges be personal, but gives authority for the money to be raised by any of the usual methods employed in raising church and charitable purposes.

"To raise this needed \$160,000 payable \$16,000 a year if necessary for ten years. If there are 160 citizens or organizations that will give \$100 a year for ten years the goal is reached. So proportionately 1600 giving \$100 at ten dollars a year; 3200 at \$5.00 for ten years; 800 at \$2.00 and the hospital will be built immediately and the land preserved in perpetuity for every tubercular and kindred activity. Failure to receive this \$16,000 a year for the next ten years means that some of the land must be sold, and a merciful opportunity to create a health zone where every needed health asylum may find a refuge, will be lost. To the man and woman of limited means, this plan offers an opportunity to will as it were their money and yet see the thing in which they are interested at work.

100 Gave \$190,000

"Of the \$190,000 donated, \$133,750 has been received from less than 100 individuals, firms and organizations. We may say the field is practically untouched from which to draw this balance of \$160,000.

"Tuberculosis strikes unexpectedly. Families who think they are immune may learn any day of the infection of some loved one. To the rich the financial problem is negligible, but to families so salaried and wage-earning men and women it stalks with poverty and pauperism. Tuberculosis has been styled the "King of Terrors" and well it may be. Creator of orphans; contributor to feeble-mindedness; estimated to be the cause of 75 percent of the need for charity; it is a foe no family, no community, no individual can ignore.

"I have presented the case. The Community Chest has placed a time limit on our public solicitation. The proposition as it now stands is, will Orleanians raise \$16,000 for ten years for this great health need? The alternative is we must sell some of the land, which at this time may call for an unnecessary sacrifice in value. Send your contributions to the Orleans Anti-Tuberculosis league, 1931 Gentilly. I repeat, every home not barred by the direst poverty should be listed on what will prove as great a Godsend in reducing mortality as the great civic achievement for drainage, pure water and sewerage."

Health - 1928

Maryland

Baltimore Death Rate

Smaller In 1927

Heart Diseases And Tuberculosis Claim Greatest Numbers.

There were 608 deaths less in Baltimore in 1927, than in 1926, according to statistics at the Health Department.

Heart diseases, tuberculosis, bright's disease, pneumonia, syphilis, malformations, cancer and accidents are the cause of the greatest number of deaths. In spite of the lower death rate last year, most of the maladies named had an increase in deaths. The falling off in the report is due to fewer deaths in the less serious diseases.

In 1926 heart disease claimed 369, and last year, there were 402 deaths; tuberculosis deaths were 285, in 1926 310; pneumonia, 290, in 1926, and 309 last year; syphilis, 129, in 1926, and 137 last year; malformations, 164 in 1926, as compared to 169 last year; cancer, 142 in 1926, and 133 cases in 1927; accidents 142 in 1926, and 142 in 1927. In addition, to the large number of deaths caused by the aforesaid diseases, infant mortality is high, there being 904 deaths last year of children under one year, and 769 still births.

There were only 6 colored suicides while there were 104 deaths among white people for suicides.

SUN
BALTIMORE, MD

MAY 10 1928

WOMEN ASK NEGRO BABY CLINIC BE GIVEN

Delegation Of Cooperative Civic
League Presents South Baltimore
Plea To Mayor.

An appeal for the establishment of a clinic and free milk station for Negro children in South Baltimore was made to Mayor William F. Broening today by a delegation representing the Cooperative Women's Civic League.

The Mayor was told by spokesmen for the group, which included a number of Negro women, that the clinic and milk station are necessary to promote the health of Negro babies and children in that section. He was told there are no facilities for this kind of assistance.

It was suggested that the clinic and

station be established in the Negro school on Hill street. Warner T. McGuinn and Walter S. Emerson, Negro City Councilmen, spoke in behalf of the women. Another speaker was Mrs. Jennie Mills, also colored.

The Mayor said he would take the proposal under consideration and make known his decision later.

Colored Death Rate Shows 2.09 Increase During Week

The colored death rate in Baltimore is still on the increase. The City Health Department reported the rate for the week ending June 1, 27.08 which is an increase of 2.09 over the previous week.

The white death rate showed a decrease during the two weeks. For the week of June 1 the white rate was 11.69 which was a decrease of .02.

There were 667 cases of communicable diseases reported which is a decrease of 131. The estimated population for the city is 829, 879.

Health - 1928

Mary land

INDEPENDENT

Denton, Md

OCT 9 1928

MARYLAND FAMILY A VERY LARGE ONE

The State Records Show 161,600
Children Under Five.

FROM FIVE TO NINE
THERE ARE 158,400.

These With 153,600 Between The Ages
Of Ten And Fourteen Constitute
Nearly One-Third Of The Popula-
tion Of The State Of Maryland.

Did you ever realize what a large
sized family there is in Maryland?
If you have not, it may interest you
to glance at the accompanying es-
timates prepared by Dr. John Col-
linson, Chief of the Bureau of Vital
Statics of the State Department of
Health showing the distribution of
population, last year.

Beginning with the most important
members of the individual families,
the babies, and their next older bro-
thers and sisters, the record shows
a total of 161,600 children under five
of whom 32,805 were the babies under
a year old. In this group, there were
81,285 boys and 80,315 girls. In the
next group, the children from five to
nine years old, there were 158,400,
and in the group from ten to four-
teen there were 153,600. These young-
sters, the babies and the boys and
girls under fifteen, a total of 473,600,
constituted nearly one-third of the
total population of the State.

The second third was composed of
the boys and girls of high school and
college age and the young men and
women up to thirty-four years old,
making a total of 550,560. Here
again the men were in the majority.
There were 276,690 men and 273,870
women in this group.

The remaining third was composed
of all the rest of the population—those

from thirty-five to eighty years old
or over. In the latter group were
over 9,000 who had passed the eight-
ieth milestone.

The total population of the State
was 1,600,000; white—1,362,560; col-
ored—237,440. In both Baltimore
City and the counties, the colored
population constituted approximately
fifteen percent of the total. Balti-
more County with a population of
83,600 led the counties in numbers;
Allegany with 78,000 came next, and
Washington with 67,400 was third.
Frederick County with 52,641 had
fourth place; Anne Arundel and
Prince George Counties each having
51,000 tied for fifth place. Montgom-
ery with 37,100, Carroll with 34,600,
and Harford with 30,000 were next
in order. The county having the
smallest population was Calvert with
9,744. The colored population in
the individual counties ranged from
less than one percent in Garrett Coun-
ty to forty-six in Charles, and four-
ty-nine in Calvert.

NEW YORK WORLD

JAN 1 1928

Gans Memorial Is Fund for Tuberculosis

Negroes Plan to Honor Memory of Former Lightweight Champion

By Lester A. Walton

JOE GANS, former lightweight champion of the world, died of tuberculosis at the age of thirty-six. His friends have launched a movement to establish a memorial to him in the form of an endowment fund for tubercular work in the New Provident Hospital and Free Dispensary of Baltimore, his native city.

As Gans was a national figure and admired by all races, the campaign for funds will not be confined to any particular section of the country, nor to any group.

The New Provident Hospital and Free Dispensary will be managed by Negroes with the co-operation of an advisory board of white people and under the direct supervision of a board named by the medical schools of Johns Hopkins University and the University of Maryland.

John D. Rockefeller Jr. and Julius Rosenwald, with gifts amounting to \$80,000, were among those to make possible a new and up-to-date hospital in Baltimore for Negroes.

A national memorial in such an institution is considered by those in charge of the movement a fitting tribute to one who was a credit to the prize ring.

Thomas R. Smith is Chairman of the Joe Gans Memorial. Other Baltimore Negroes actively interested are George A. Watty, C. C. Fitzgerald, Josiah Diggs, T. Wallis Lansey, Dr. William T. Carr, Miss Anita R. Williams, Fearless M. Williams, J. Henry Hale, Dr. Charles Fowler, Dr. D. Grant Scott, Prof. Mason A. Hawkins, Harry O. Wilson and Pereta H. Wilson.

Has Rung Curfew

For 45 Years

Noah Wesley of Providence, R. I., has begun his forty-sixth year as curfew ringer of the First Baptist Church. In 1874 the City Council adopted a resolution which reads:

"Resolved that the Board of Aldermen be hereby authorized to cause the First Baptist bell to be rung every weekday at sunrise, at noon and at 9 o'clock in the evening, provided that the expense shall not exceed the sum of \$125 per annum, to be paid from the appropriation for contingencies."

Noah Wesley was given the job, and for nearly half a century he has been on it morning, noon and night. He usually rings nineteen or twenty times and then pauses for a moment. Then he begins tolling the bell again.

At the end of 1927 the City of Providence paid the First Baptist Church \$125, which sum was turned over to Wesley. This method of procedure has been religiously observed for years.

"The curfew does not mean what it used to," says Noah Wesley. "In all my forty-five years as ringer I never saw a time when so few people paid attention to it as now. In the old days twenty strokes of my bell would make the city so dark that a black cat coming over the fence looked like the rising sun. Lights went out and people went to bed. And things remained like that until I tolled at sunrise."

"Now conditions are very much different. I ring the 9 o'clock bell and then I start for home. While I am waiting for the trolley car near the City Hall I see young people—babes some of them are—walking around the streets and showing no inclination to go home. From the way they talk they are probably going somewhere else and just starting, too. I don't think they even know the bell has been rung."

Noah Wesley denies there is anything wrong with the curfew in Providence. He says the trouble is with the people; that the youth of to-day have radically changed the old order of going to bed at night and getting up in the morning.

Negro Catholics to Have Native Saint

According to the Associated Press, Negro Catholics in America soon may have a native saint.

The National Catholic Welfare Conference expects, through the efforts of Dr. Eledoro Romero, Peruvian Minister to the Vatican, to have the Blessed Martin de Porres canonized and

the colored races in America will have their first Negro patron saint.

De Porres lived a remarkable life in the America of 300 years ago. He was born at Lima, Peru, in 1569 and became a member of the Dominican Order at twenty-two. His mother was a young Negro of Panama. His father was of the Spanish nobility.

So great was de Porres's reputation for holiness that at his death in 1639 Catholics came in great numbers to touch his body with medals, rosaries and other pious objects. He was borne to the grave by Peruvian Government officials and prelates of the church. His beatification was proposed in 1668 and again in 1763, but not until 1836 was it accomplished.

The new impetus directed by Dr.

Romero, it is thought by those prominent in the National Catholic Welfare Conference, is expected to result in the South American Negro being declared a saint in a relatively short time. If canonized, he will be the first Negro saint in the Western Hemisphere.

A North American Indian maiden also is on the way to sainthood in the Catholic Church. She was Catherine Tekakwitha, called the "Lily of the Mohawks," a convert to Christianity who assisted the early Jesuit missionaries.

Native Negro

Fine Arts Exhibit

The first Nation-wide exhibition of the creative work of Negroes in America in the fine arts will be held in New York from Jan. 6 to 15 at International House, No. 500 Riverside Drive, under the sponsorship of the Harmon Foundation Fund in co-operation with the Commission on the Church and Race Relations of the Federal Council of Churches.

The threefold aim of the exhibition is to bring about a larger interest in Negro art as a contributing influence to American culture, to stimulate Negro artists to strive for achievement in the fine arts, according to the highest standards, and to encourage the general public in the purchase of productions of Negro artists, thereby helping to put them on a better economic foundation.

"The general exhibit planned for this year is in connection with and results from the award in fine arts of the series of William E. Harmon Awards for Distinguished Achievement Among Negroes," says Dr. George E. Haynes, Secretary of the Commission of the Church and Race Relations.

"This award has had a Nation-wide scope, entries having been received from California, Connecticut, Georgia, Illinois, Indiana, Louisiana, Massachusetts, Missouri, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia and the District of Columbia.

"Because of the high order of work presented by Negro artists and the favorable public comment which the award attracted, we believe that the productions of Negro artists should be given wider attention. Any person of African descent in the United States is invited to submit his productions in painting, drawing, engraving, modeling, sculpture, architecture or any other of the fine arts."

Artists will not be charged for exhibiting their work.

3 PERFECT BABIES AT HEALTH MEETING

64 Kiddies Also Get Rating Of 30 Per Cent. Or More

A total of 64 babies received ratings of 90 per cent. or more Tuesday, when Baby Health Day was held under the auspices of the Health Department at the City Hall. School No. 104, Carey and School streets, and School No. 114, Caroline street, near Lombard.

Fifty babies were examined at School No. 104 Tuesday morning. Donald E. Neale, 154 Leslie street, led with 100 per cent. and Bernard Makel, 2117 Etting street, stood second with a rating of 98 per cent. plus. Four babies tied for third honors with a rating of 98 per cent. plus. 97 per cent.

At School No. 114, 28 babies were examined Tuesday afternoon from 2 until 5 p. m., 23 receiving ratings of 90 per cent. or over. Catherine Clark, 124 N. Dallas street, and Doris Jones, 804 N. Dallas street, were rated 100 per cent.; Viola Stewart, 1428 E. Fayette street, 99 per cent., and Bonzella Lee, 310 S. Caroline street, 98 per cent. This baby was one of those who received certificates last year.

Certificates will be awarded next Monday morning at School No. 104 and Wednesday afternoon at School No. 114 to the babies receiving 90 per cent. or over. A program will be rendered at this time by the children of the playground.

The examinations were made by Dr. Henry Sheppard, supervisor of Health, P. A. L., and Dr. Blanche Epler, P. A. L., assisted by the nurses of the city Health Department. The last baby day of the season will be held at School No. 119, Gilmor and Mosher streets, August 16, from 2 until 5 p. m.

THE SUN

BALTIMORE, MD.

HEAVY INFANT MORTALITY RATE LAID TO NEGROES

City's Place Near Top Of List Explained By Jones

FIGURES FOR WHITES

HELD ABOUT AVERAGE

Antagonism To Child Welfare Work Noted In City

The large Negro population here is the principal factor in keeping Baltimore's infant-mortality rate high in comparison with other cities, Health Commissioner C. Hampson Jones said today.

According to a report of the American Child Health Association the rate here for 1927 was 82 infant deaths per 1,000 births. For that year, said Dr. Jones, the white infant-mortality rate was 70 and the Negro rate 127, making the combined rate 82 as reported by the association.

Decline Is Steady

There has been a steady decline in the infant mortality rate for both Negro and white infants, but the improvement has been more marked in the statistics for white infants, according to Dr. Jones. In other cities a corresponding improvement in infant mortality has taken place coincident with the progress here, he pointed out, and the result has been, he said, that in some years Baltimore may be at the top of the list, although the rate here continues to show improvement.

The population as of July 1 was about 820,000, including approximately 122,000 Negroes and about 700,000 whites. The table below shows the white and colored and the combined infant mortality rates in Baltimore since 1914:

Tabulation Tells Story

Year.	White Rate.	Colored Rate.	Combined Rate.
1915.....	106	192	120
1916.....	101	208	118
1917.....	104	199	119
1918.....	135	219	148
1919.....	88	144	97
1920.....	93	165	104
1921.....	78	124	85
1922.....	81	128	89
1923.....	73	135	84
1924.....	74	125	84
1925.....	72	124	82
1926.....	71	127	82
1927.....	70	127	82

Dr. William H. F. Warthen, head of the bureau of child welfare, explained that the high figures for 1918 were due to the influenza epidemic. He pointed out that the Negro mortality rate showed only slight improvement over the period covered by the table whereas the white rate showed a marked decline.

Comparisons Made

Taking the 1927 figures with a combined rate of 82, highest of the ten

largest cities in the United States, the white rate in that year, he pointed out, was only 70, which compares favorably with the rate of large cities where the Negro population is not a factor. In that year the rate for Boston was 76; for Pittsburgh, 72; Los Angeles, 67; St. Louis, 57, and Cleveland, 56. In all these cities, Dr. Warthen stated, the rate reported can be considered practically a white mortality rate because of the small number of Negroes living in these cities as compared with Baltimore.

Dr. Warthen said the factors contributing to infant mortality principally are summer complaint, pneumonia and prematurity of birth. The greatest improvement has been shown in the decline of summer complaint, he said. In 1919 there were 616 deaths from this cause and in 1927 ninety-one.

Special Work Cited

Commenting on the association's report, Health Commissioner Jones said that most of the large cities are devoting particular attention to bringing about a decrease in the infant mortality rate. An improvement is noted in recent years in most of the communities as well as in Baltimore. Here, he said, in recent years the white rate showed a very definite decrease from year to year, but Negro rate showed less improvement so that the combined rate here had remained stationary practically during the last five years.

Dr. Jones said there was some little antagonism here to child welfare work due to failure to understand it or appreciate its importance. He said that with better cooperation on the part of the public and agencies here, already to be noted, the improvement would continue and Baltimore would find a place far down the comparative list. The infant welfare work among Negroes is the important problem now, he added, but the health officials are hopeful of an improvement here like that which has marked the white race.

Health. 1928

Michigan

DETROIT, MICH

Times

APR 16 1928

DRY LAW HELD NO HEALTH AID

Ten years of prohibition has had no noticeable effect on health work, Dr. Henry F. Vaughan, commissioner of health, told the congregation of the First Negro Presbyterian Church yesterday.

"The removal of alcohol from the American diet has not affected the life span," Vaughan said. "While the death rate has dropped it has been only in the same scale as before prohibition. In the year immediately following the inauguration of the eighteenth amendment the death rate from alcoholism dropped sharply but in the years since then it has climbed steadily until today it is the same as before prohibition became a law."

Vaughan told his audience of some of the things his department is trying to do for the public and of the manner in which his work is carried on.

Health-1928

Mississippi.

Vicksburg, Miss. News
Thursday, September 13, 1928

Jackson, Miss. News
Friday, September 14, 1928

Tuberculosis In Negro Race Given Great Attention

T. B. DEATHS ON DECREASE

(By The Associated Press.)

BILOXI, Miss., Sept. 13.—

Tuberculosis among negroes was discussed by a number of speakers here today at the Southern Tuberculosis Conference.

Among the speakers were Dr. Monroe N. Work, Dr. Eugene Dibble, Tuskegee Institute; L. T. Irvin, Atlanta, and Mrs. Florence Williams, Little Rock.

The disease will be under control in 25 or 50 years. Felix J. Underwood, Mississippi State Health Officer, predicted last night.

"Ability to get better trained men and women to assist in the work and the stamping out of malaria and other diseases," he said, "have helped control tuberculosis."

Dr. L. J. Morgan, president of the Southern Sanatorium, said there were only about one-fifth the number of beds needed for treatment of disease. Recently he sent a questionnaire to Southern hospitals to procure information concerning tuberculosis patients.

Jackson, Miss. News
Friday, September 14, 1928

Tuberculosis Is Discussed Before Biloxi Conference

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BILOXI, Sept. 14—(Special)—The death rate among negroes caused by tuberculosis in its various forms has decreased considerably in the past few years, it was brought out in an address by Dr. Monroe in work of the Tuskegee, Ala., institute for negroes, who presided over morning discussion group of the Southern Tuberculosis conference and the Southern Sanatorium association in joint session here Thursday.

The expectant life of the negro, unlike that of the white, has been increased in the past years and is again expected to increase this year, according to statistics presented by him. This has been brought about through better living conditions among the negroes and education. The average life of the negro is now placed at about 40 years in comparison with that of the whites which is about 54 years.

Tubercular death rate is lower than ever before.

Negro nurses are better workers and accomplish more than white nurses among the negroes, it was pointed out by Mrs. Mary L. T. Irvin of the tuberculosis association of Atlanta. The negro nurses trained for this work can gain an intimate knowledge of the family history, medical history and can work easier due to the equalized social standing and therefore gain the confidence of their patients, she said.

The amount of money spent in education of the negroes has meant much towards lowering the tubercular death rate among negroes declared S. L. Smith, field director of the Rosenwald Fund for the negro school house construction at Nashville, Tenn. The more spent in education of the negroes lowers the death rate, it was shown by statistics covering over a period of nearly 15 years.

THE RECORD PROVES THE LIE

The 20% improvement shown by Negroes in their death rate from tuberculosis in 1927 over 1926, is the most significant indication of improvement in many years. Better health indicates more knowledge of what is good, more fear of what is bad, and more determination to keep pace with other people.

We have done monumental work in thus saving lives. Tuberculosis is a disease not of inheritance, but of environment. It is not our race, but our housing that has made us its victims. That we begin to escape it, means we are conquering conditions. In spite of hateful enemies, in spite of greedy landlords, we have won better homes, more light and purer air. It is no longer true in Kansas City that "the Negroes live in the bottoms." Negroes have quit talking of hospitals as places where "they pass the black bottle around." We are rising enmasse.

The death rate from tuberculosis lowered 20% in one year cannot be an accident or a coincidence. We have earned it by coming out of the bottoms, and buying or renting homes such as our fathers never dreamed of. They have cost us sleep of nights warding off bombers, they have made every member of the family work to get what they cost, but thank God, we live! And we are healthier for the struggle!

The year's record for Negroes as given in The Call was compiled by the Kansas City Tuberculosis Society, the accepted authority. It also sent to the white daily papers the community's tubercular record but in that statement it did not emphasize our improvement. In simple justice to us, it should have done that. It is not the Society's fault, but ever since the tuberculosis survey made by Dr. W. J. Thompkins, we stand under the damning charge that where we work we carry disease because of our filthy homes. Dr. Thompkins said in May 1927, the very year when we made 20% improvement:

"Today there are more active cases of

tuberculosis in Kansas City than ever before."

Dr. Thompkins's whole survey was full of inconsistencies, contradictions and exaggerations, and lacked the definite figures of a scientist. Now the facts prove he was utterly wrong in his conclusions. We need work! We deserve work! A cruel heartless misrepresentation of our home conditions stripped us of self-support. Our one regret is that the daily press did not tell the improvement in tubercular conditions among Negroes as did the Tuberculosis society's statement in The Call.

JOURNAL
KANSAS CITY, MO
APR 18 1928

NEGRO SCHOOL IN NEGRO HOSPITAL GARDEN CONTEST BIDS SUBMITTED

Pupils and Patrons of the
Wheatley Unit Unite for
City Beautiful.

Lowest Combination Figure
for Institution Is
\$242,324.

Twenty entries in The Journal-Negro city hospital at Twenty-second and McCoy streets were received yesterday afternoon by Matthew S. Murray, director of public works. All bids were taken under advisement. Separate bids received for construction of the hospital building, the heating, ventilating and plumbing, the electric and telephone wiring and for elevators. The lowest combination bid was \$242,324. The city engineer's estimate on the construction was approximately \$300,000. Following are the three low bids on each division of the construction:

The City Beautiful contest is designed to encourage improvement of lawns around Kansas City homes. Three silver cups and \$400 in cash prizes will be awarded residents of the nineteen best groomed homes in the city.

Building.	
John Neil	\$194,818
Morley Brothers	197,140
Carrothers & Forsythe	197,500
Heating, Ventilating, Plumbing and Gas Piping.	
The Reed company	\$28,892
Arthur McKinley P. and H. Co.	31,989
Frank Welch & Co.	42,320
Electric Wiring, Telephone Conduits and Signal System.	
Burkholder Electric company	\$10,490
Newberry Electric company	11,142
W. L. Hutchison Electric company	11,894
Two Automatic Elevators.	
American Elevator & Mach. Co.	\$8,124
Kimball Elevator company	8,175
Kansas City Elevator company	8,563

The compilation of all the bids received was not completed last night.

POST-DISPATCH ST. LOUIS, MO. MAY 19 1928 COMMUNITY COUNCIL URGES KOCH HOSPITAL BOND ISSUE

Health Commissioner Says Tuberculosis Situation Is More Serious Than Ever Before.

A \$2,000,000 bond issue for the enlargement of Koch Hospital and the addition of 100 beds for tuberculosis Negroes and 100 beds for tuberculous whites at city hospital were urged in a resolution adopted by the Community Council yesterday.

The resolution was adopted "because of the immediate and urgent need for hospitalization of indigent tuberculous patients," Health Commissioner Starkloff told members of the council that the present tuberculosis situation is the most distressingly serious that has ever confronted the city. "Visiting nurses now have 14,000 cases under observation," he said. "The situation in the Negro population is particularly bad and should be met at once."

The acuteness of the present problem, according to the resolution, is the direct result of the failure in submitting to the people for a vote at the last bond issue for Koch Hospital the sums recommended by official and private health agencies.

The council also reiterated its stand that City Hospital No. 2 (for Negroes) be placed adjacent to City Hospital No. 1. The separation of the two institutions is folly both from the medical and economic angle, according to Dr. Starkloff.

St. Louis Health Workers Lauded

Health activities conducted by the Tuberculosis and Health Society of St. Louis for Negroes have increased to such an extent that two Negro workers are now employed by the society to help carry on the work, according to A. W. Jones, secretary and manager. One worker, Mrs. Helen Simpson, has been on the staff for two years, and the second worker, Miss Alice Thomas, was employed six months ago. All of the activities are carried on under the direction of a committee composed of prominent Negroes with John H. Purnell, principal of Turner Open Air School, as chairman.

Mrs. Simpson, a graduate of the University of Chicago and formerly with the Provident Association, has charge of the program of general health activities, while Miss Thomas, who attended college in Atlanta, Ga.

and was with the Red Cross for some time, has charge of the social service work of Turner Open Air School for Negro children, which the society maintains in cooperation with the Board of Education. Both are also members of the Negro Health Committee of the Tuberculosis and Health Society, and Mrs. Simpson served as secretary of the County Division of Negro Health Week.

Men members of the Negro Health Committee who direct this work include Dr. W. R. Arthur, Dr. A. W. Cheatham, J. T. Clark, Dr. James L. Crawford, Dr. Edward J. Davis, M. J. Gilliam, Dr. E. L. Grant, Rev. T. J. Jones, F. L. Martin, Rev. R. E. Lee, Rev. H. H. Jackson, John W. Hays, Herbert S. Davis, J. H. Purnell, John A. Davis, J. B. Davis, Dr. J. W. Gray, Dr. R. C. Haskell, J. T. Johnson, Rev. O. C. Maxwell, J. E. Mitchell, Dr. L. E. Vincent, T. A. Moore, George L. Vaughn, Homer G. Phillips, Elmer Mozee, O. O. Morris, Rev. Noah Williams, R. J. Vivian and Dr. W. R. Williams.

Contract for New General Hospital No. 2 Is Let

City Manager H. F. McElroy Announces Work Will Start at Once

The contract for the new General hospital No. 2 which will serve the Negro population of Kansas City has been let, City Manager H. F. McElroy announced yesterday.

The total of the low bids was \$324,200.

The general building contract was awarded to John T. Neil and Son on their bid of \$194,818. The heating and ventilating, plumbing and gas piping went to the Reed Company on a bid of \$28,892. The electric wiring, telephone conduit and signal system was awarded the Burkholder Electric company on its bid of \$10,490.

Construction of the new hospital will be pushed at once, Mr. McElroy said yesterday.

Plans announced some time ago call for the new building to be the very latest type of hospital plant to cost when completed, \$300,000. Before the plans were drawn, Mr. McElroy authorized a study of new hospitals over the country to find just what features should be incorporated in the Kansas City building. The new plant will be known as General hospital No. 2 instead of Old City hospital as at present.

TIMES

ST. LOUIS, MO.

JUN 28 1928

GERMANS VISIT NEGRO OPEN AIR SCHOOL HERE

Turner Open-Air School, for negro children, which is the first of its kind in the country, is making such progress that members of the German Educational Committee recently visited it to learn how it is conducted, it was reported yesterday to the Tuberculosis and Health Society of St. Louis by Mrs. Arthur Lieber, chairman of the Open-Air School Committee.

The committee represented Berlin, Leipzig, Lubingen and Essen. They were also accompanied by representatives of the International Institute of Teachers' College, New York.

Dr. W. J. Thompkins, Part Time Physician, Dropped

Dr. E. W. Cavaness, health director, in charge of the health department of Kansas City, announced that Dr. Wm. J. Thompkins is dropped from the payroll of the department. Since early September Dr. Thompkins has been serving as regional director of the democratic national organization, and his dismissal is dated from that time. On the roster, he is carried as "part time physician," a position which requires 200 calls per month, which at \$1 each, make the salary \$200 per month. To the public the title borne by Dr. Thompkins has been given in various ways as "assistant commissioner of child hygiene and communicable diseases" but his title on the payroll is "part time physician." The duties of that position, consisting of vaccinations for small pox, inspection of school children, etc., will be carried on by Dr. Nigro.

Health-1928

New Jersey

North Jersey Medical Society Taking Part in "T.B." Campaign

Newark, Montclair and the Oranges Are Chosen as
Centers for Additional Free Clinics

An address by Dr. Samuel B. English, superintendent of the State Sanatorium at Glen Gardner, N. J., on the "Early Diagnosis of Tuberculosis," was a feature of the regular monthly meeting of the North Jersey Medical Society at the Y. M. C. A., 148 Central place, Orange, last Wednesday night. The medical film, "The Doctor Decides," was also shown. The program was arranged by the Negro Advisory Committee of the New Jersey Tuberculosis League, Dr. W. G. Alexander, chairman.

The North Jersey Medical Society is taking an active part in the Early Diagnosis Campaign being conducted during March by tuberculosis, medical, health and welfare groups. Its members are giving their services as examiners in a series of free clinics arranged by the committee in Newark, Montclair and the Oranges. These clinics are supplementary to the regular clinics conducted by the City Health Departments and have the approval of health officials.

The personnel in charge of the various clinics is as follows:

Montclair—Y. M. C. A., Mondays 4 to 6; Y. M. C. A., Friday evenings, 9 to 10:30. Dr. A. C. Thornhill, Dr. George E. Bell, Dr. Joseph H. Brooks, Dr. Frank F. Thompson; Mrs. A. C. Thornhill, nurse.

Orange—Y. W. C. A., Thursdays, 3 to 5; Y. M. C. A., Tuesdays, 8:30 to 10:30 p. m. Dr. Frank S. Hargrave, director; Dr. Myra Smith, Dr. Spurgeon Sparkes, Dr. W. A. Johnson; Miss Catherine Young, nurse.

Newark—Dr. Thomas Bell, general director of clinics, assistant clinician in Tuberculosis Section, Department of Health; Urban League, Wednesdays, March 14, 21, 28; Fridays, March 16, 23, 30; 7:30 to 9 p. m.; Dr. Gibbs Chisholm, director; Dr. Leo Y. Granger, Dr. R. H. W. Buckner, Dr. Jesse Proctor; Miss Irene Morris, nurse.

Social Service Room, 136 West Kinney street, Tuesdays, March 20, 27; Fridays, March 16, 23, 30; 7:30 to 9:30 p. m.; Dr. John A. Kinney, director; Dr. Louis A. Hilton, Dr. Walter T. Darden; nurse from Kenney Memorial Hospital.

Child Health Centre, Garside

street and Sixth avenue, Wednesdays, March 14, 21, 28; Fridays, March 16, 23, 30; 7:30 to 9:30 p. m.; Dr. Clarence Janifer, director; Dr. S. E. Burke, Dr. Wm. H. Washington; Miss Anna Gelger, Miss Florence Freeman, nurses.

Oliver Street School, Wednesday, March 14, 21, 28; Fridays, March 16, 23, 30; 7:30 to 9:30 p. m.; Dr. H. S. Palmer, director; Dr. W. W. Wolffe, Dr. T. H. Wright; Mrs. L. Streit, Mrs. Eva M. Price, nurses.

To meet the demand for examination during the campaign, the Tuberculosis Section of the Newark Department of Health will hold a special clinic every Wednesday evening, beginning today, from 7:30 to 8 p. m., at the clinic rooms in the Department of Health Building, corner of William and Plane streets. This clinic will be in addition to the regular tuberculosis clinics conducted by the Health Department throughout the year on Tuesdays, Fridays and Saturdays from 10 to 11 a. m.

JOURNAL

Jersey City - N. J.

APR 6 1928

Enter Negro Babies in Health Contest

Opening of a baby contest was yesterday's feature of Negro Health Week which is being held in the House of Friendliness of the Y. W. C. A. at

43 Belmont Avenue.

Dr. Lena Edwards was in charge. More than a score of fine babies were entered by proud mothers. The baby show will be continued tomorrow afternoon. Prizes will be awarded to the healthiest babies on April 8.

A representative of the Hudson County Tuberculosis League addressed

NEW YORK WORLD

APR 22 1928

Negro Health Centres Bring Relief to South

Leading New Yorkers Aid
Project Headed by
Miss Davis

By Lester A. Walton

NEGRO health in rural districts and smaller towns of the South is becoming an important social question, commanding the sympathetic interest of State and county officials. reports Miss Belle Davis, Executive Secretary and founder of the National Health Circle for Colored People, with headquarters in the Pennsylvania Terminal Building, No. 370 Seventh Avenue.

Miss Davis, a Flisk University graduate and a former school teacher, is the author of an ambitious health program for Negroes. It has the support of prominent New Yorkers, and is winning favor in the Southland. Tuskegee Institute, chiefly responsible for the national observance of Negro Health Week, the National Association of Colored Graduate Nurses and well-known physicians of the race are identified with the movement.

The Circle's activities are not confined to any particular section of the country. However, it is for the time being centring its attention on Southern communities, where the Negro's ignorance of the laws of health and hygiene is appalling.

From New York experienced Negro nurses are being sent South to organize health centres and co-operate with established health agencies. The

young women going on so important a mission are high school graduates who have taken a course in nursing at the Harlem Hospital and Lincoln Hos-

pital, New York; Mercy Hospital, Philadelphia, and Freedmen's Hospital, Washington. In addition they have prepared themselves for public health work by attending Teachers College, Columbia University; the Pennsylvania School of Social and Health Work or some other Northern institution having a nursing education department.

Two years ago Fannie Hurst, the novelist, acting as spokesman for the National Health Circle for Colored People, said a race is as efficient as it is healthy. She reminded public-spirited citizens that a decrease in disease and mortality among colored Americans added to the health of white Americans and to the general efficiency

LEADS DRIVE



Miss Belle Davis

of the country.

This view is shared by Maryland officials, who have come to realize that no Commonwealth can point with pride to a low mortality and morbidity rate as long as little or no attention is paid to the health of its colored population.

Writing to Miss Davis on this subject Dr. J. H. Mason Jr., Chief of the Maryland Bureau of Child Hygiene, says:

"In Maryland, as in many Southern States, the raising of the health standards among the Negro is one of the most important problems, for the high mortality and morbidity rates among them make the comparison of our figures with those of Northern States unfair. The matter is complicated in recent years by the large exodus from the rural to urban industrial centres.

"I believe that the most direct and effective method of improving these health conditions among Negroes in the country districts is through the employment of well-equipped colored public health nurses who can go from

home to home instructing mothers and giving them actual demonstrations in sanitary methods."

In recent months the Circle, at the instance of the Maryland Department of Health, of which Dr. John S. Ful-

ton of Baltimore is director, has sent four public nurses to Maryland. The results have been so gratifying that the work is to be taken up by other communities in the State.

The first centre was formed in Frederick County. Receiving a communication from Dr. E. C. Kefauver, Assistant Deputy State Health Commissioner, that white physicians had asked that a health centre be established for the care of colored infants and pre-school age children, Miss Davis visited Frederick County. At a meeting \$300 was raised to further the project. Two colored physicians—Dr. U. G. Bourne and Dr. C. S. Brooks—gave \$50 each. The balance was raised by members of the race, except \$50 contributed to a white health officer.

A church basement is utilized as the health centre. It is in charge of Miss Alice E. Sichter, whose salary is paid by the national body.

Miss Myrtle M. Patten is stationed in Calvert County. Half her salary is paid by the National Health Circle for Colored People and the other half by the Bureau of Child Hygiene. Clinics and demonstrations are held in the colored school.

The salary of Miss Elizabeth Porter, who is carrying on the work in St. Mary's County, is borne equally by the circle and the Bureau of Child Hygiene.

The last health centre to be opened in Maryland for Negroes is in Kent County and is entirely financed by the Bureau of Hygiene. Miss Marjorie Forte is the public nurse.

Palatka, Fla., was the first to benefit by the circle's comprehensive health program. Word was brought to New York by a wealthy Northern white woman who had wintered in Florida that Negroes working in the turpentine camps and lumber mills at Palatka were in dire need of medical attention. It was explained that when injured the nearest available hospital or physician was at Jacksonville, seventy-five miles distant.

NEGROES RECEIVE HEALTH DIRECTION

Clinical Work at St. Marks
Mission Here Highly
Praised by Noblin

Dr. W. E. Noblin, health officer and director of the public health work, both for the city of Jack-

son and for the county of Hinds, declares that it is gratifying and inspiring to note the genuine spirit of cooperation manifested by the women, and especially by the parent-teacher organizations who are entered so deeply and energetically into the work of the general welfare of the children. This has been demonstrated by the spirit of attentiveness they have displayed in the carrying on of a series of pre-school studies and examinations.

This show of vital interest, Dr. Noblin said, is not confined to the white race, but the negroes have shown a vital and intelligent interest in the work of getting a new generation started off in good shape.

Speaking of the negro health conservation, Dr. Noblin said that he has made a study of the clinical work being carried on under the auspices of the St. Mark's mission on West Pearl street, and finds that a very successful work is being done there, under the supervision of Alice Wheaton, a qualified health and social worker. He makes frequent visits there and spoke in complimentary terms of the interest being shown by negroes from over the entire city, and not confined to any denomination lines or affiliations.

HIGH NEGRO MORTALITY.

American Medicine Urges Probe for
Health Work in Big Cities.

There is need for a medical missionary movement in the United States, declares American Medicine. Possibly one might suggest more definitely the need of a medical missionary movement in the United States for changing some mortality facts that stand out in the mortality rates of the registration area of the United States during 1925, the writer adds.

"The mortality rate of the colored population of the United States," he continues, "is outrageously high in comparison with that of the white population. In the registration area of the continental United States during 1925 the mortality rate per thousand population was 11.2 for the white and 18.2 for the colored, and these figures obtain likewise for the registration States as a whole.

"In the cities in the registration States, however, the mortality rate for the whites was 12.2 as compared with 23.5 for the colored. This is in sharp contrast with the figures for the rural parts of the registration States, wherein the mortality rate for the white was 10.2 and the colored 15.2. The dysgenic factors at present existent in cities for the colored people is further exemplified in the mortality rates in registration cities in the non-registration States, where the white mortality was 13 and the colored 23.4.

"It is unnecessary to go into specific details concerning these variations in mortality rate. It is obvious

that the colored mortality rate is entirely out of harmony with what would be the fact if our present knowledge concerning the prevention of disease were properly employed and if there were adequate medical care for those already afflicted with disease. The fact that the major proportion in these mortality rates exists in cities indicates there is ample need for investigation of health work in large cities.

"A more complete understanding of the sociologic and economic factors which are conditioning the life of the colored citizens should be obtained. Patently, the exceedingly high mortality rate of the colored race is not due to inherent physical weakness. The difference between the mortality rates under urban and rural conditions attests this. There must be definite phases of urban life which run counter to the physical welfare of the colored race. To the extent that these are permitted to continue without a definite attempt to overcome them, the mortality rate of the colored people must be regarded as partially due to the negligence, the indifference or the stupidity of the white race."

SAYS MORTALITY RATE SHOULD BE MUCH REDUCED

Declares More Complete Understanding Of Affecting
Forces Needed

By the Associated Negro Press
New York, Nov. 4—There is need for a medical missionary movement in the United States, declares a writer in American Medicine. Possibly one might suggest more definitely the need of a medical missionary movement in the United States for changing some mortality facts that stand out in the mortality rates of the registration area of the United States during 1925, the writer adds.

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Health-1928

Dr. Smith Radios Talk On Health Of Children

Dr. Alonzo deG. Smith, editor of the "Better Babies" column in The New York Age, and a physician well-known in Harlem, broadcasted from Station WGL Wednesday, February 29, at 3:45 p. m. His talk was on "The Health of the Child Under Six," and was arranged under auspices of the Health Education Service, New York Tuberculosis and Health Association.

Dr. Smith is assistant attending physician at the Children's Department, Vanderbilt Clinic, and assistant in the Department of Diseases of Children, Columbia University. For a number of years, he was chairman of the Harlem Tuberculosis and Health Committee, a local branch of the New York Tuberculosis and Health Association.

POST-STANDARD

SYRACUSE, N. Y.
MAY 6 1928

How to Keep Well By Dr. W. A. Evans.

To the limit of space, questions pertinent to hygiene and prevention of disease will be answered in this column. Personal replies will be made to inquiries, under proper limitations, when return stamped envelope is inclosed. Dr. Evans will not make diagnosis or prescribe for individual disease.

Health of the Negro Improving Rapidly.

The record seems to indicate that the health of the Negro is improving at a satisfactory rate. Evidence accumulates that yellow fever has its natural home in a comparatively limited area in Southwest Africa. Most of the old time argument that yellow fever could not have come from Africa was based upon the freedom of Memphis, Alexandria and Cairo from this disease during all recorded history. These cities are located in Northeast Africa, a region which yellow fever has not threatened.

The small section of the west coast to which the disease is limited happened to be the very section from which slaves were shipped to America. Therefore, we may feel certain that slavery brought yellow fever to America. It has also been claimed that African slavery introduced typhoid fever and malaria into

America. The proof as to the importation of these diseases is not so convincing.

It is argued that the Negro was so long subjected to malaria, typhoid and yellow fever in Africa that he has become partially immune to them. Certain it is that he stands all three diseases better than the white man does, whatever the reasons may be. Considering the chances he takes he is less frequently infected and, if he does contract one or the other, he stands a pretty good chance of recovering.

However, the Negro death rate is now, and always has been, higher than that of the white man. His increase in population, due to excess of births over deaths, has never equaled that of the whites. By decades this increase was as follows:

1800	.....	32.33	per cent
1810	.....	37.50	per cent
1820	.....	28.59	per cent
1830	.....	31.44	per cent
1840	.....	23.40	per cent
1850	.....	26.63	per cent
1860	.....	22.07	per cent
1870	.....	21.35	per cent
1880	.....	22.05	per cent
1890	.....	13.8	per cent
1900	.....	18	per cent
1910	.....	11.2	per cent
1920	.....	6.5	per cent

A good part of the decline of the increase in population is due to decrease in the birth rate. Taking the whites as a whole, the white birth rate is higher than that of the Negroes.

The experience of the last 25 years indicates that the health of Negroes can be greatly improved. Their consumption rate is high, but it is falling rapidly. They do not often have "galloping consumption" now. Twenty-five years ago the disease rather generally took that form. They have a very high pneumonia rate, but when health departments go after pneumonia, the Negro death rate from that disease will drop. They suffer unduly from rickets, but the battle to control that disorder is being diligently waged. They have a high venereal disease rate, but the experience of the army during the world war showed that bringing down the venereal disease rate of Negro troops was not difficult.

2,000,000 Americans Ill

On Any One Day, Says Doctor

ALBANY, May 24 (P).—Dr. Thomas P. Farnes of Syracuse told the New York State Medical Society today that about 2,000,000 persons in the United States were ill on any one day in the year.

The average worker lost eight days a year through illness, and one in four families was ill once a year, he said. Statistics showed that patients were now dis-

New York.
charged from hospitals four days earlier as a rule than were patients in 1924, he added.

RACE MOST FERTILE IN U. S., SAYS DUBLIN

Group Most Prolific Of All
Native Stock, Says Insurance Statistician

GIVES WARNING ON SOCIAL DISEASES

Only Obstacle In Health Progress, He Says

NEW YORK—"Of all the native stocks in America, it is and has always been the most prolific," declares Dr. Louis I. Dublin of the Negro, in a new book, "Health and Wealth." Dr. Dublin continues:

"The general prophecies of those who saw the race problem solved through his extinction have been absolutely disproven by recent events. . . . The recent gains in the average length of life are entirely commensurate with those of the white population. This fact alone holds out the greatest promise for the future of the Negro in America."

Dr. Dublin reports a sharp decline in the incidence of tuberculosis among Negroes and says:

"The colored people have, as a race, good physiques and they are learning all the time to take better care of themselves in relation to their changing environment. In their native habitation, tuberculosis was either unknown or only slightly prevalent. There is no reason, therefore, why they should not ultimately have as low a tuberculosis death rate as any group of the American population in similar economic circumstances."

Gives Warning

On the other hand, Dr. Dublin issues a warning against the high death rate from syphilis and degenerative diseases of syphilitic origin, such as locomotor ataxia and general paralysis. "From every angle," he writes, "these venereal diseases appear to be the most important single obstacle in the health progress of the race."

According to scientific forecast, Dr. Dublin reports, the Negro who now numbers about 10 per cent of the population of the United States, will not change his relative status in any marked degree: "He is here for good, and the years to come will probably see him playing an increasingly important and worthy part in the affairs of the country. His achievement in America will be ultimately recognized not only as the greatest experiment in racial adjustments ever undertaken by man, but as the most

encouraging and gratifying episode in our national life."

Dr. Dublin is statistician of the Metropolitan Life Insurance Company of New York, and one of the best known authorities on vital statistics.

INFANT MORTALITY RATE LOW IN U. S.

Child Health Association Emphasizes Decrease in Deaths of Babies in 1927

NEW YORK, July 15 (P).—The infant mortality rate in cities of the United States during 1927 was lower than in any previous year, the American Child Health Association announced today in its annual report.

The rate last year was 69 deaths for each 1,000 births, as compared with 73.7 in 1926 and 100 in 1915, the association announced. The report covers the 683 cities in the birth registration area, embracing 40 states that have satisfactory registration laws and record at least 90 per cent of the births.

"The improvement in the infant death rate was almost universal over the country," said the announcement, "there being but few cities which failed to show a declining rate."

Seattle, Wash., had the lowest rate, 41, among the cities of more than 250,000 population. Portland, Ore., and Minneapolis, Minn., were second with rates of 47 each. The figures for the country's ten largest cities were: New York and Cleveland, 56 each; St. Louis 57, Chicago 63, Philadelphia 64, Los Angeles 67, Detroit 70, Pittsburgh 72, Boston 76 and Baltimore 82. Figures are based on provisional reports from the federal census bureau and from state and local officials.

In the population group from 100,000 to 250,000, the best record was made by Bridgeport, Conn., with a rate of 43.

East Orange, N. J., with a rate of 26, headed the cities with populations from 50,000 to 100,000.

The lowest of all, 9, was attained by Alameda, Cal.

Of the cities of 10,000 to 50,000 inhabitants, Summit, N. J., was low with a rate of 15, followed by Coshocton, Ohio, with 20.

As a group, the largest cities—those of more than 250,000 population had the lowest rate, 63.1. The smallest cities had a combined rate of 68.2.

COLORED CHILD HEALTH CONFERENCE A SUCCESS

Thirty-one children under six years of age attended the Health Conference which was held Saturday, June 23 at the Colored School House. Of these, only two had good health habits, and twenty-eight showed some

signs of rickets. The mothers were instructed in how to give sunbaths in the summer and cod liver oil in the winter to cure and to prevent rickets. They were also told about boiling the milk for all babies under three years of age during the summer months to lessen the chances of summer complaint which is very dangerous for young children. The importance of fruit and fresh green vegetables and the proper way of preparing them for children was explained. In the instructions to the mothers, regularity of feeding was also stressed.

All parents were urged to have their children protected from diphtheria and smallpox by taking advantage of the wonderful methods of immunization which science has made possible.

Dr. U. S. Porter, Prof. W. I. Robinson and some of the women from the Methodist Missionary Society assisted Dr. Myrtle Lee Smith and Miss Nancy Booker of the Bureau of Maternity and Child Health in conducting the conference.

Health-1928

NEWS

JAN 9 1928

MORE NEGROES DIE OF T B THAN WHITE PEOPLE

Two hundred and two more negroes than whites died of tuberculosis in North Carolina in 1926. During the year there were 2,769 deaths from tuberculosis in all its forms among the white, colored and Indian races in the State—1,277 whites, 1,475 negroes and 13 Indians.

Dancombe county, as usual, had the highest death rate from the disease among the whites. Dancombe's death rate from tuberculosis is abnormal because of the large number of tuberculosis sanatoria in the county. Next to Dancombe Forsyth had the highest number of deaths, and also the highest death rate from the disease among the whites. There were 20 white deaths in Forsyth county and 96 colored during the year. Mecklenburg, Lenoir and Wake came next to Forsyth with the number of deaths and 103 white and colored deaths, Guilford 99 white and colored, and from tuberculosis. Mecklenburg Wake 90 white and colored.

For every death from tuberculosis careful surveys have shown that there are at least nine other active cases of the disease. This would give a total of 24,903 active cases of tuberculosis in the State at the present time. A number of this army of 24,903 tubercular people are indefinite. In the 24,903 people who are now infected with tuberculosis in the State could have a diagnosis made of the disease in its early stage and take sanatorium treatment 93 per cent of them, according to the statistics of the North Carolina Sanatorium, would recover.

Early diagnosis and treatment are the cures for tuberculosis. You are one of the possible 24,903 active cases of tuberculosis in the State, or if you know someone who might be, go to a good doctor and find out what the symptoms of tuberculosis are. Then take the cure.

a good physical examination, including a thorough chest examination. It won't hurt you if you don't have tuberculosis, and if you have your chance for finding it in an early curable stage is increased any times.

CLIPPING FROM
FEB 3 1928

Adult Guidance Clinic Will Be Held by Negroes

Approximately fifty prominent negro women, from cities of the Carolinas, Virginia and Georgia, will attend a conference which will begin Friday night and continue through Sunday, at the Phyllis Wheatley (negro) Branch of the Young Women's Christian Association here. This is known as an Adult Guidance Conference, and is intended for advisors of the Girl Reserve Clubs. Bella Taylor, secretary of the National Colored Girl Reserve Clubs, will be one of the leaders.

Charlotte now has eight clubs of Girl Reserves among the pupils of the negro schools here, with a total membership of 251. Assisting the girls in their work are fifteen advisors, headed by Kathryn Jenkins, Girl Reserve secretary of the Phyllis Wheatley.

The purpose of the clubs, it is explained, is the same as that of similar clubs among white girls,—"to develop in the girls the characteristics of the best womanhood, to train them in responsibility and leadership, and to help them to think out life's problems honestly and intelligently."

The discovery that the fiber of the cocoon spun by the silkworm could be made into cloth is ascribed to Le-Sing-She, a Chinese queen who lived about 47 centuries ago.

Robesonian
Lumberton N C
JUL 16 1928

1928 MARRIAGE LICENSES SHOW DECREASE IN CO.

More People Journey to South Carolina to Save Money and Record Falls in Robeson County.

Marriages in Robeson county this year show a decrease over those of the same period last year, according to records kept by Mrs. Eva W. Floyd, register of deeds.

Since December 1, 1927, at which time one of the semi-annual reports was made by Mrs. Floyd to the State, through July 12 of this year there were 75 marriages in Robeson county, in comparison with 92 a year ago. Fifty-one of the total licenses issued went to white couples, 20 to colored and 4 to Indian. During the same period a year before, licenses went to 67 white couples, 27 colored and 8 Indian. The record for June of this year is 10 white, 3 colored and no Indian licenses, as compared with 15 white, 3 colored and one Indian in June 1927.

Go To S. C.

It is pointed out that many more people have come to realize that there is a saving in going to South Carolina to get married, and there is not such a great falling off in marriages in the county after all. In addition to the saving in the marriage license, there is also a saving in time and expense of getting a health certificate; South Carolina requires no such certificate.

A few pennies means a whole lot in the lives of some young couples, and they are glad of an opportunity to speed over to South Carolina to get tied up. Not so many moons ago a couple came to Lumberton to get license, and the would-be groom fished and fished from his pocket all the small change he could locate therein and still lacked 25 cents of having the required \$5. Embarrassed, he started out to try to borrow the quarter of a dollar when a bystander offered to donate that much to his happiness. The couple secured the license and went away joyfully. A number of couples have been here for licenses when they had to bring all their small change into use for the necessary \$5.

North Carolina
WILMINGTON
NORTH CAROLINA

SEP 7 1928

REPORT INDICATES HIGH DEATH RATE HERE FOR AUGUST

The death rate in this city and county for the month of August shows a considerable increase over that of the same month last year. It is reported that there were 58 deaths here during the month of August this year while comparative figures show 40 for the same period last year, according to vital statistics compiled here yesterday by Dr. John

H. Hamilton, county health officer. Of the deaths there were 25 negroes and 33 whites, which were all in the city of Wilmington. In the county outside of the city, the totals were: 14 deaths, four among whites and ten among negroes.

In Wilmington the total white death rate was 5.2 and the negro rate 18.8 giving the city a total rate of 10.5 for the month.

Organic heart diseases, with 10 deaths, was the principal cause of deaths. Cerebral hemorrhage was second with seven deaths.

TOTAL & INFANT MORTALITY RATES

DEATH RATES COMPARED

The table which appears elsewhere ranks the thirty-seven states in the registration area according to infant death rates for the year 1927. The parallel column gives the total death rate for each state for the same year. It will be noticed at a glance that the aggregate death rate for North Carolina is almost exactly the average for the registration area of the United States. Which is not so bad, nor is it any matter of pride.

But the item we wish especially to call attention to is the appalling infant mortality rate for North Carolina. Only three states in the registration area have higher infant mortality rates than North Carolina. In two of these states the rates are just slightly above ours. We talk a great deal about our leadership in births, and we led again in 1927, with a rate of 28.8 births per one thousand inhabitants, but not much is said about our high infant

death rate. The latter is of far more significance. A low death rate is a better measure of civilization than a high birth rate.

During the year 1927 there were 83,334 births, exclusive of stillbirths, in North Carolina, and 6,516 deaths of infants under one year of age. This gives us an infant death rate of 78.2 compared with an average rate of 64.2 per one thousand births for the registration area. The rate was higher in only three states.

The low rank of North Carolina is due in part to our negro population, for the negro infant death rate in this state is about twice the white infant death rate. This is not offered as an excuse, but as an explanation. We know where the main problem is to be found. Yet it is not the whole explanation, for our white infant death rate is above that for the registration area.

There are in the registration area ten states usually classed as southern.

and they all make a better showing in Winston-Salem is ninth. The following infant death rates than does North Carolina. Several of these states have for North Carolina cities as official negro ratios larger than ours, while in reported. others the ratios are about the same as ours. So it is not altogether our negro population that explains our high Rank City infant mortality rate.

Generally speaking the counties of the state that have high infant death rates are either urban counties, or counties with large negro ratios, generally the latter.

Number Is Constant

A study of infant deaths by years reveals the fact that the number and rate are fairly constant in North Carolina. In 1925 there were 6,591 infant deaths, and the rate was 78.7 per one thousand births. Infant deaths in North Carolina each year exceed the total population of some of our counties. The rate is appalling. The cause is largely ignorance of the proper care of infants. More adequate facilities for the proper instruction of mothers, more adequate hospital facilities, and better medical attention generally would greatly reduce our rates. Our state and county health departments have done wonders in reducing the total and infant death rates, but there is still great room for improvement. Many counties are without health officers or hospital facilities.

City Rates Very High

North Carolina cities as a group lead the United States in infant death rates. Only forty-two out of 650 cities reported in the United States have infant death rates above one hundred per one thousand births. Eight of these are in North Carolina. Outside of North Carolina there are only five cities with infant death rates above one hundred and twenty deaths per one thousand births, while North Carolina alone has four such cities! Just why the cities of this state have such high infant death rates we confess our inability to answer. There are fourteen cities in the state whose infant death rates are reported. In every case the rate is above the average for the state, in most cases far above. New Bern has the highest infant death rate for 1927 of any city in the United States! Wilson is fourth, Wilmington is sixth, and

Rank	City	Infant death rate per 1,000 births
1	High Point	73.5
2	Salisbury	86.4
3	Charlotte	88.4
4	Goldsboro	94.2
5	Raleigh	94.3
6	Durham	96.9
7	Greensboro	101.7
8	Gastonia	102.6
9	Rocky Mount	107.5
10	Asheville	111.7
11	Winston-Salem	121.8
12	Wilmington	127.7
13	Wilson	136.6
14	New Bern	199.2

TIMES

RALEIGH, N. C.

DEC 14 1928

Doctors Attend Two-Thirds Of Tar Heel Births

Doctors attended 58,876 of the 83,330 births in North Carolina during 1927, according to information compiled by the State Board of Health for its annual report. This is an increase of a little more than 1 per cent over 1926, when doctors attended 57,314 of 82,459 births.

There were 4,668 illegitimate births in North Carolina during 1927, as compared with 4,429. The number of white illegitimate births was practically stationary at 1,037, while the increase in negro illegitimate births accounted for practically the entire increase.

There were 196 illegitimate births in Mecklenburg County, which was first in this respect, and 108 in Wake, which was twelfth.

Health-1928

ENTERPRISE

JUN 5 1928

NEGRO DEATH-RATE MUCH LOWER HERE THAN ELSEWHERE

Dr. Cooper Says That Health
Problem Here Is Less Than
In Many Other States

Enterprise Bureau, Sir Walter Hotel

RALEIGH, June 5.—The problem of negro health, especially mortality among negroes, is nothing like as big a problem in North Carolina as in some of the northern states, especially in Illinois, according to Dr. G. M. Cooper, editor of the Health Bulletin, published by the state board of health. In a study made recently by Dr. Cooper, the fact is revealed that the number of deaths of negroes in relation to the number of births is only half as great as in Illinois.

In Illinois only 104 negroes are born for every 100 that dies, while 183 white babies are born in Illinois for every 100 deaths, according to the figures given in a recent issue of the Journal of the American Medical Association. In fact, the mortality rate among negroes in Illinois averages nearly 25 per 1,000 a year, which is more than double the death rate of the white population there. The death rate among negro infants is more than 140 per 1,000, while among white children of the same age—less than one year—the rate is about 70 per 1,000.

"The alert North Carolinian can readily understand the significance of the foregoing figures," says Dr. Cooper. "For years the local and state health officers throughout the south have complained that the negro death rate problem has not received the sympathetic consideration from their northern brethren that the facts justified. The so-called high death rate among our negro population has been used against us and our sec-

tion in many ways. It has been taken too much for granted that the white leadership of the south was primarily responsible for the disparagement against the negro. It is therefore refreshing to be able to draw some definite comparisons from the Illinois figures.

"In the first place, we may note that the negro population in Illinois at this time is about one-fourth as large as the negro population of North Carolina. It is said to constitute so large a percentage of the population of the city of Chicago as to hold the balance of political power. So the percentage of negroes is certainly large enough to constitute a definite problem for them.

In North Carolina the problem has always been the high birth rate among the negroes causing a high infant mortality. Thus in Illinois for the year 1925 as recorded in "Medical News" of the Journal only 104 negroes were born for every 100 that died. The same year in North Carolina slightly more than 200 negroes were born for every 100 that died. While the negro death rate in Illinois was more than twice as high as the white death rate; in North Carolina for the same year the negro death rate was only about 50 per cent higher than the white.

Illinois does not complain of the negro birth rate being low, but on the other hand says it is high, having averaged about 25 per thousand of negro population for several years. During the same year in North Carolina the negro birth rate was 31 per thousand of negro population. In Illinois, so goes the report, the death rate among infants under one year of age was about 70 for white, against 140 for negroes. In North Carolina the infant death rate among white children of the same age group was a little less than 67, while the negro rate was slightly less than 106.

It may sound like something of a coincidence to add that in 1925 the general death rate in the state of Illinois and North Carolina was

WILMINGTON

NORTH CAROLINA

JUL 3 1928

BUDGET ADOPTED BY COMMISSIONERS NOT TO INCREASE PRESENT TAX RATE

New Hanover County Board
of Commissioners Find
Amounts Needed About the
Same as Last Year

NEGRO WELFARE WORK
TO GET ASSISTANCE

Tubercular Survey Among
Children Also to Be Aided
With Appropriation in Sum
of \$400

The New Hanover county board of commissioners in session yesterday adopted their budget for the new year which will not require an increase in the present tax rate.

While the total budget figures have not been compiled, Addison Hewlett, chairman, announced that the budget will be in practically the same amount as the one under which the county government was operated during the past year. There is a possibility that there will be either a slight increase or a small decrease in the total figure.

With bare exceptions, the various budget items for the new year are the same as those for the past year. There will, of course, be minor changes, some of the regular appropriations being larger while others will be smaller.

The commissioners agreed to include an item of \$600 which is to be applied to a fund of \$1,000 raised by negro citizens for engaging a negro welfare worker for Wilmington. The negroes have already raised their portion and with the county's appropriation it will not be long before the negro welfare association elects a paid worker.

Upon request by a committee representing Sorosis, the commissioners allowed an appropriation of \$400 which will be used in conducting a tubercular survey among school children in the fall. The county's appropriation for this work is contingent upon the city giving a like amount. Sorosis asked \$800, of which it was requested that the county contribute \$400 and the city \$400.

Also the commissioners voted to increase their appropriation to the Red Cross Tubercular sanatorium by \$1,000. The city also followed this procedure.

The road fund calls for expenditures totalling approximately \$35,000, which will enable the commissioners to do their regular maintenance work and also to possibly build approximately five miles of additional hard surfaced road during the year. The

commissioners built approximately this much in new roads during the past year.

NEWS

JUN 5 1928

NEGRO HEALTH IS COMPARED

Raleigh, June 5.—The problem of negro health, especially mortality among negroes, is nothing like as big a problem in North Carolina as in some of the northern states, especially in Illinois, according to Dr. G. M. Cooper, editor of the Health Bulletin, published by the State Board of Health. In a study made recently by Dr. Cooper, the fact is revealed that the number of deaths of negroes in relation to the number of births is only half as great as in Illinois.

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Raleigh, N. C. Dispatch
Tuesday, June 5, 1928

NEGRO HEALTH NO PROBLEM IN STATE

Mortality Among Colored
Race Is Not as Large in
North Carolina

Daily Dispatch Bureau;
Sir Walter Hotel.

Raleigh, June 5.—The problem of negro health, especially mortality among negroes, is nothing like as big a problem in North Carolina as in some of the northern states, especially in Illinois, according to Dr. G. M. Cooper, editor of the Health Bulletin, published by the State Board of Health. In a study made recently by Dr. Cooper, the fact is revealed that the number of deaths of negroes in relation to the number of birth is only half as great as in Illinois.

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"The alert North Carolinian can readily understand the significance of the foregoing figures," says Dr. Cooper. "For years the local and state health officers throughout the south have complained that the negro death rate problem has not received the sympathetic consideration from their northern brethren that the facts justified. The so-called high death rate among our negro population has been used against us and our section in many ways. It has been taken too much for granted that the white leadership of the south was primarily responsible for the disparagement against the negro. It is therefore refreshing to be able to draw some definite comparisons from the Illinois figures.

"In the first place, we may note that the negro population in Illinois at this time is about one-fourth as large as the negro population of North Carolina. It is said to constitute so large a percentage of the population of the city of Chicago as to hold the balance of political power. So the percentage of negroes is certainly large enough to constitute a definite problem for them.

In North Carolina the problem has always been the high birth rate among the negroes causing a high infant mortality. Thus in Illinois for the year 1925 as recorded in "Medical News" of the Journal only 104 negroes were born for every 100 that died. The same year in North Carolina slightly more than 200 negroes were born for every 100 that died. While the negro death rate in Illinois was more than twice as high as the white death rate; in North Carolina for the same year the negro death rate was only about fifty per cent higher than the white.

Illinois does not complain of the negro birth rate being low, but on the other hand says it is high, having averaged about 25 per thousand of negro population for several years. During the same year in North Carolina the negro birth rate was 31 per thousand of negro population. In Illinois, so goes the report, the death rate among infants under one year of age was about 70 for white, against

about 140 for negroes In North Carolina the infant death rate among white children of the same age group was a little less than 67, while the negro rate was slightly less than 106.

It may sound like something of a coincidence to add that in 1925 the general death rate in the State of Illinois and North Carolina was identically the same—11.5 per thousand population.

"Although we are not especially proud of some of our records which we confidently hope and expect to improve, we confess to a sense of deep satisfaction to be able to measure our success against that of a sister State of the importance of Illinois, and in so doing to lose nothing by the transaction."

SUN

MORTALITY AMONG NEGROES IS LOW IN NORTH CAROLINA

Number of Deaths in Relation to Births in Illinois Double That in North Carolina

Sun Raleigh Bureau.
Sir Walter Hotel.

RALEIGH, June 7.—The problem of Negro health, especially mortality among Negroes, is nothing like as big a problem in North Carolina as in some of the northern states, especially in Illinois, according to Dr. G. M. Cooper, editor of the Health Bulletin, published by the State Board of Health. In a study made recently by Dr. Cooper, the fact is revealed that the number of deaths of Negroes in relation to the number of births is only half as great as in Illinois.

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Negro Health Problem In State Being Solved

Number of Deaths in North Carolina Only Half as Great as Those in Illinois, Report in Health

Bulletin Reveals.

ROBERT T. FREEMAN DENTAL SOCIETY
AIDS HEALTH PROGRAM

Three Hundred Operations Performed on School Children

As a substitute for the annual Dental Health Week program, the Robert T. Freeman Dental Society of the District of Columbia gave direct aid to the District Department of Health in its annual May Day Health Program. While the physician group was devoted to general examinations of the masses of children of pre-school age, twenty-five members of the above named society gave free examination and free operative service to the same class of children, and in addition gave the same service to more than a hundred indigent children between the ages of five and twelve years.

More than three hundred operations were performed, including prophylaxis, fillings, extractions and temporary treatments. Health talks on care of the mouth and teeth were included in the service to each child.

While the service was confined to the one day, May first, observations produced convincing evidence that the school clinics in Washington are wholly inadequate for the large group of the children of this class who need service. Most of the children receiving service came to the private offices of the volunteer group from the practice school of Miner Normal School.

Raleigh, June 6.—The problem of negro health, especially mortality among negroes, is nothing like as big a problem in North Carolina as in some of the Northern States, especially in Illinois, according to Dr. G. M. Cooper, editor of the Health Bulletin, published by the State Board of Health. In a study made recently by Dr. Cooper, the fact is revealed that the number of deaths of negroes in relation to the number of deaths of negroes in relation to the number of births is only half as great as in Illinois.

In Illinois only 104 negroes are born for every 100 that die, while 183 white babies are born in Illinois for every 100 deaths, according to the figures given in a recent issue of the Journal of the American Medical Association. In fact, the mortality rate among negroes in Illinois averages nearly 25 per 1,000 a year, which is more than double the death rate of the white population there. The death rate among negro infants is more than 140 per 1,000, while among white children of the same age—less than one year—the rate is about 70 per 1,000.

Defends South

"The alert North Carolinian can readily understand the significance of the foregoing figures," says Dr. Cooper. "For years the local and State health officers throughout the south have complained that the negro death rate problem has not received the sympathetic consideration from their Northern brethren that the facts justified. The so-called high death rate among our negro population has been used against us and our section in many ways. It has been taken too much for granted that the white leadership of the South was primarily responsible for the disparagement against the negro. It is refreshing, therefore, to be able to draw some definite comparisons from the Illinois figures.

"In the first place, we may note that the negro population in Illinois at this time is about one-fourth as large as the negro population of North Carolina. It is said to constitute so large a percentage of the population of the City of Chicago as to hold the balance of political power. So the percentage of negroes is certainly large enough to constitute a definite problem for them.

In North Carolina the problem always has been the high birth rate among the negroes causing a high infant mortality. Thus in Illinois for the year 1925 as recorded in "Medical News" of the Journal only 104 negroes were born for every 100 that died. The same year in North Carolina slightly more than 200 negroes were born for every 100 that died. While the negro death rate in

Health-1928

Ohio.

BLADE
TOLEDO, O.

APR 16 1928

Mayor Proclaims Negro Health Week

Mayor Jackson Monday proclaimed this week "Negro Health Week" and has called upon all colored residents to observe the week in a way that will improve their health conditions and reflect credit both upon the race and the city.

The mayor says that the colored people form an appreciable percentage of the city's population, and that

their leaders are desirous of bettering health standards and lowering the death rate. He points out that the health of every group of citizens reflects upon the general health standards of the community.

NEWS

DAYTON, O.

DEC 6 1928

EXTENSION HEALTH WORK PLANNED HERE

**Funds From Seal Sales Enables League to Do
Great Good.**

One of the most elaborate programs in the United States for the prevention and cure of tuberculosis among colored people is carried on by the Montgomery County Public Health League.

A great part of the money needed for that work is obtained annually from the Christmas seal campaign.

In the event the entire allotment of 5,000,000 seals, selling at one cent each, is disposed of by the organization this year it will be enabled to even extend the scope of its work among negroes.

The special interest the league has taken in the health of the colored people has been prompted by the fact that the death rate from tuberculosis among the negroes is virtually three times the rate of the white population.

The disease is developed in many instances because of poor housing conditions and malnutrition.

In order to help negroes of the Miami valley to better protect themselves against the disease and to effect early cures in the event they are so afflicted, the Montgomery County Public Health League carried on what was known as "Negro Health Week" last year.

Meetings were held throughout the week in five centers for the colored race in Dayton and two persons were sent out to make a house-to-house canvass of all homes in the colored belt.

With the aid of Dr. Lloyd Cox, negro physician and lecturer, hundreds of members of the race were reached in the drive.

It was estimated approximately 6,000 pieces of literature were distributed which offered practical advices in handling tuberculosis cases and in dealing with general health matters.

Health - 1928

Pennsylvania.

EVE. PUBLIC LEDGER
PHILADELPHIA, PA.

OCT 26 1928
High Negro Mortality

ATENTION is drawn by American Medicine, a medical journal, to the high death rate prevailing, especially in cities, among the negro population. Responsibility for the excessive mortality is said to be due partially to the "negligence, the indifference or stupidity of the white race."

American Medicine gives it as its belief that excessive mortality is not due to any inherent physical weakness of the negro, although he seems to have a greater proneness to tuberculosis than the white. The journal intimates that a death rate in cities of 23.5 for negroes against 12.2 for whites is chargeable to sociological and economic conditions, in other words to the unsanitary and unhygienic environment in which negroes live. Color is given to the charge by the contrast in the mortality between city-dwelling negroes and country dwellers. In the country the difference between the white and colored death rate is much less, although even there the distinction is too great, 10.2 for the whites and 15.2 for the negroes.

One thing stands out sharply from the figures. While the negro improves his economic position by going to cities, he does it at increased risk to his life. It is quite understandable that, aside from the greater amount of money he gets, the social life of cities should be a magnet for the man dwelling in the country. Whites feel the same pull of the city and the negro has the same social instincts as the white man. But unless the country negro is assured of decent living conditions, he may well weigh the greater healthfulness of the country for himself and his family before adventuring into the city.

Health-1928

Pennsylvania.

Prepare For League Clean Up Week

Extensive plans for the most successful "Clean up-Paint Up-Plant Up" campaign ever conducted in Allegheny county and the city of Pittsburgh are being shaped by the various committees in charge. The campaign will be carried out by the schools of the city and the county with the co-operation of the Chamber of Commerce and all the leading industrial plants. The drive opens April 1 and ends April 15.

The opening gun will be fired by the members of the clergy, many of whom will preach on the subject of clean living. During the two weeks the school children of the grade schools will report to a central committee and each grade school in turn will report to the high school of the district. A report will be made by the latter and upon these reports will be based the awards which are offered by the chamber.

The city and county authorities will lend the aid of the members of the health department, the fire department and the police department. In downtown Pittsburgh there will be inspections to do away with fire hazards, all machinery will be gone over and all buildings will be cleaned of litter that has accumulated.

PHILADELPHIA, PA.

Public Ledger

APR 11 1928

HEALTH OF NEGROES IS FOUND IMPROVING

National Urban League, Opening 4-Day Session Here, Discusses Race's Problems

43 CITIES REPRESENTED

The National Urban League, which has branches in forty-three American cities, yesterday began a four-

day annual conference on social problems among the Negroes. Some seventy-five leaders of social welfare work from all parts of the United States are attending.

The results of recent investigations of various scholars regarding racial problems of the Negroes were presented in the form of a series of abstracts by Charles S. Johnson, of New York, director of the department of research and investigation of the league, in the research seminar with which the conference opened in the afternoon in the Social Service Building, 311 South Juniper street. These abstracts were discussed with deep interest.

Results of Research

Among the results of recent research to which attention was called by Mr. Johnson were the declaration of Dr. Melville Herskovitz after five years of anthropological investigation that only about 20 per cent of the Negroes of the United States are of unmixed African blood; that the mixture of Indian blood is present in nearly a third of the Negroes in this country; that a homogeneous physical type is arising, and that lighter Negroes have favored positions, but this is not due to any superior native competence.

Disputing currently accepted ideas it was reported that Guy B. Johnson of the University of North Carolina after elaborate tests to measure specific musical talent, has reached the conclusion that "there is no significant difference in basic sensory musical capacities between whites and Negroes."

It was reported that W. E. Castle had pointed out that today only half as large a proportion of the inhabitants of the United States have some degree of Negro blood, as was true in 1790, when the proportion was one-fifth.

Mortality rates among American Negroes in the last thirty years have been dropping more rapidly than among the whites, Dr. Louis I. Dublin was reported as having pointed out, but the disparity still is great, with especial need for warfare against tuberculosis and chronic diseases. And better health among Negroes has been proved to go along with better family incomes.

Reception to Delegates

A reception was given in honor of the delegates from 5 to 7 P. M. at the Southwest Branch of the Y. W. C. A. An evening session was held there, at which the program for the local leagues was considered.

Today the research seminar will be continued at 10 A. M. At 12:30 o'clock a luncheon will be given in the Social Service Building, at which

delegates will be the guests of the Council of Social Agencies; at 2:30 o'clock this afternoon there will be a conference on adjustment and relief in emergencies.

And at 8 P. M., at the Allen African Methodist Episcopal Church, 17th and Bainbridge streets, John T. Emlen, president of the Philadelphia Armstrong Association, will preside at a discussion of the future of the league, with addresses by Eugene Kinckle Jones, of New York, executive secretary; Sherman C. Kingsley, president of the National Conference of Social Work, and others.

The sessions will continue tomorrow and Friday, ending with a formal reception Friday night at the Palais Royale.

PITTSBURGH URBAN LEAGUE PLANS A HEALTH PROGRAM

PITTSBURGH, PA., May 9—A health demonstration week sponsored by the Urban League of Pittsburgh is being planned for the week beginning May 20. During this period a series of conferences, clinics and mass meetings will be held at which will be demonstrated methods of modern treatment of various diseases which are taking too great a toll among infants and adults.

Much stress will also be placed on the cause and prevention of accidents. Statistical figures of accidents and their causes will be presented and ways and means of preventing accidents and of caring for the injured will be discussed.

PUBLIC LEDGER

PHILADELPHIA, PA.

PL

MAY 10 1928

Health Insurance

THE support of many far-seeing Philadelphians has been enlisted in the campaign beginning June 19 to raise \$200,000 for the Mercy Hospital and Nurses Home, Incorporated in 1907, this is one of the two hospitals in Philadelphia under Negro management. Apart from its service to 175,000 members of that race in the city, it offers opportunities for internships to Negro medical students and for training to prospective nurses. Adequate provisions for the nursing staff have been demanded by the State Board of Examiners for Registration of Nurses, and funds raised will be devoted to that and other purposes. As described by former Senator George Wharton Pepper, the project represents not only a great humanitarian

work but "a real insurance policy for the rest of Philadelphia."

Health - 1928

South Carolina.

Lexington, S. C. Dispatch-New
Wednesday, April 4, 1928

NEGROES BEING TAUGHT HEALTH

Because of the fact that 1,198 of the 1,515 reported deaths from tuberculosis in the state last year were negroes, a proportion of more than three to one of negro deaths to white deaths, the South Carolina Tuberculosis association and its affiliated county organizations are giving special cooperation to the negro leaders in a number of counties and to various interested agencies in the observance of National Negro Health Week, April 1-8.

The program includes educational talks, the showing of films, the distribution of literature in the schools and the holding of clinics for the discovery of early cases of tuberculosis.

At the last meeting of the tuberculosis nursing committee of Lexington county, a resolution was passed to aid in every possible way, by giving literature and speakers to the chairman for negro health week. Request should be sent to the county nurse, Miss Conya Traynam, Lexington, S. C.

RECORD

COLUMBIA, S. C.

Apr 23 -

PRIZES ARE AWARDED TO NEGRO WINNERS IN CLEAN UP WEEK

Cooperation from Columbia negroes in Clean-Up week has been one of its most satisfactory features, according to those in charge of the campaign. At a big mass meeting in Bethel church yesterday afternoon, much praise was bestowed upon the negroes for their work by campaign officials. The meeting, which was well attended, was called for the purpose of presenting prizes to negroes who

won in the various contests of Clean-Up week. All speakers white and colored commented on the wholehearted way in which the city's negroes had entered into the spirit of the week, making it the biggest of its kind ever staged here.

F. W. Cappelman, attorney pointed out the good results obtained during the week and urged his hearers to keep up their work. R. D. McClure, chairman of the campaign committee, thanked the audience for their cooperation in the campaign. James Dickson and Francis Thomas, county workers, spoke of the excellent work which had been accomplished. Dr. D. H. Sims, president of Allen university, made the closing address and spoke of the part cooperation in Clean Up week would play in cementing more firmly the pleasant relations between the two races in Columbia.

Prizes were awarded by Rev. C. H. Brown, chairman of the negro central committee of the campaign as follows:

Ward 1, Lela Williams and Janie Ruff; Ward 2, C. E. Gilliam and Bessie Walker; Ward 2, east, A. P. Williams and Martha Patrick; Ward 4, J. W. Bailey and J. Sumter; Ward 5, Jennie Ferguson and Sawyer; Ward 7, Harry Jenkins Channey Carr, Griffin and Ferguson; Ward 8, Agnes Thompson and Dawkins; Ward 9, Susie Shelton and Barr; Kendall, Lillie Miller and Albert Brown; Waverly school and Waverly hospital.

Hartsville, S. C. Messenger
Thursday, April 12, 1928

Heavy Percentage Negro Tuberculosis Death

Because of the fact that 119 of the 1515 reported deaths from tuberculosis in the state last year were negroes, a portion of more than three to one of negro deaths to white deaths, the South Carolina Tuberculosis Association and its affiliated county organizations are giving special cooperation to the negro leaders in a number of counties, and to various interested agencies in the observance of National Negro Health Week, April 1-8.

The program includes educational talks, the showing of slides and films, the distribution of literature, health programs in the schools and the holding of clinics for the discovery of early cases of tuberculosis.

Columbia, S. C. State
Sunday, April 8, 1928

NEGROES TO AID CLEAN UP WORK

Appoint Committees for Cleansing City.

PARADE GROUP MEETS

New Brookland to Join in Co- lumbia's Beautification Campaign.

The Negroes of Columbia have been organized under the leadership of the Rev. C. H. Brown, pastor of Second Calvary Baptist church, to co-operate in plans for the successful outcome of Columbia's Clean Up week program, which will be conducted April 15-22. All committees have been organized and instructed in their duties.

In organizing the Negro committees yesterday, the city was divided into 18 zones with a chairman and three leaders in each. These zone leaders will distribute the pledge cards and other literature during the campaign and will follow up the distribution in three days to find out if instructions have been adhered to and if every one understood what was expected of them during the drive.

The Rev. C. H. Brown said yesterday that the following had consented to carry out the work in their zones:

Ward 1, west zone, the Rev. E. L. Ingram, chairman; Ward 2, west zone, the Rev. J. C. White, chairman; Ward 3, west zone, David R. Starks, chairman; Ward 2, east zone, Barnwell section, Henry Davis; Ward 2, east zone, the Rev. J. G. Green; Ward 3, east zone, I. S. Leevy; Ward 4, east zone, Jennett Poinsett; Ward 5, G. L. Floyd; Ward 7, north zone, Joel Jackson; Ward 7, Waverley, Oak street section, Ellen Thompson; Ward 7, Heidt street section, Matilda Griffin; Ward 9, Liberty Hill, James E. Dickson; Ward 9, Senate street section, C. D. Saxon; Ward 8, southwest section, J. E. Rosemond; Ward 8, southeast section, Agnes Thompson; Arthurtown, the Rev. Walker; Booker Washington Heights, M. E. Dunmore; Taylor's, the Rev. Morris.

These committees will meet the central committee for further instructions Tuesday afternoon at 5:30 in the First Calvary Baptist church. The Rev. C. H. Brown is general chairman of the committees and also of the central committee. All principals of the Negro public schools, members of the ministerial union and the association of doctors are members of the central committee and have promised to assist in the

citywide movement. Doctor Brown said yesterday in discussing the work being planned.

Meanwhile, during the last week

the parade committee has had several meetings and plans are going forward for a big parade Tuesday, April 17, at 8 o'clock. Forty floats have already been secured and scores of green and red flares will ascend from the procession.

Friday evening a committee, composed of Robert D. McClure, general chairman, Miss Adele Minahan, chairman of the parade committee, and Chief A. McC. Marsh of the fire department, vice chairman of the parade committee, appeared before the New Brookland city council and invited that city to join in the campaign.

The New Brookland city council and fire department were enthusiastic and will make plans for the campaign. The committee will appear before the Eau Claire city council Tuesday.

The parade committee extends an invitation to business houses, organizations and schools to enroll for the parade. The civic department of the Woman's club has called a meeting for 11 o'clock tomorrow morning of the several Parent-Teacher associations of Columbia to make plans for Friday of Clean Up week, known as "Back Yard day." The meeting will be held at the chamber of commerce.

COUNTY NURSE'S MONTHLY REPORT

SEVERAL CASES OF GOITER FOUND IN SCHOOLS

National Negro Health Week and Other Phases of Work Covered

In my school examinations this month I have found several cases of goiter. Goiter is an enlargement of the thyroid gland shown by a swelling in front of the neck. The secretion of the thyroid gland is necessary for growth and development. The important thing in this secretion is iodine. If there is a lack of iodine in the body, the thyroid enlarges to secure it. Thus we have the goiter. With prompt and proper treatment, goiter can be cured in most cases.

The many varieties of goiter are divided into two great classes; toxic and nontoxic. The nontoxic goiter

is usually manifest early in life by an enlargement of the thyroid gland to such proportions as to greatly disfigure the patient, causing distressing symptoms from pressure on the vital organs in its vicinity.

In the toxic goiter we find a great variety of disagreeable and distressing symptoms produced by the poisons going into the blood stream. All goiter cases are of a highly nervous temperament, easily excited. Later in life they become great sufferers.

Goiter is one of the oldest diseases known, affecting children and grownups especially girls. Only during the past 20 years have we been getting at the direct cause of this disease and working out practical methods of prevention. There are goiter districts in the middle west where there is a lack of iodine in the soil and water, and where it is impossible for these people to get fresh sea foods, from which is derived a certain amount of iodine. Iodine is extracted from iodine kelp, a beautiful light green vine which grows in the Pacific ocean along the California coast.

A very small amount of iodine is needed to keep the thyroid supplied and in many city schools, each child is given once a week, a chocolate iodine tablet. This tastes like chocolate candy, yet contains enough iodine to prevent goiter. In many communities iodized table salt is being used as a general goiter preventive.

This simple and effective way of preventing goiter should be known and practiced in the homes where goitre is common.

One with actual goiter, should not start treatment without advice from a doctor, because only a doctor can tell the difference between a simple and a toxic goiter.

The first week in April, is National Negro Health Week, when all their best efforts are centered on better sanitary and health conditions. They have made a marked improvement in the years I have been here in the general sanitation about their homes and surroundings. One thing they stressed the need of this year was: A comfort station for women and children coming in from the country; and they are willing to do their part towards getting this, and keeping it in order, if the town will help them.

I have long seen this need for the white women of the country. They bring their produce to town, buy and sell. These women stand around all day with their babies in their arms, and other children clinging to them

fretting with discomfort, while they try to do their little shopping. The day is long, and tiresome for these poor mothers. All towns now of any size, have comfort stations for their visitors, and Bennettsville should have hers.

I had the pleasure of meeting with the Fletcher Memorial Parent Teachers' Association this month which enjoyed very much.

Also attended the S. C. Graduate Nurses' Ass'n. meeting at Florence. We had some very fine speakers, and enjoyed the pleasant association together.

I had the pleasure and the privilege of attending the National Congress of the Daughters of the American Revolution as delegate from the Pee Dee Chapter Marlboro County, at Washington, D. C., this month.

Washington was beautiful in her new spring dress of Japanese cherry blossoms, with the bright sunshine flickering through. This was the largest congress ever held. Over 2000 delegates besides the alternates. It was a great inspiration to see those thousands of broad minded women expressing with one accord the highest principles of Americanism.

I never realized before what it meant to be a daughter of the greatest nation in the world today, and I never realized before what a great responsibility rests in the heart of the President of the United States, until I sat in the presence and under the voice of President Coolidge, surrounded by the dignitaries of state: Secy. of War Davis, Atty. Gen Sargent, Secy. Wilbur, and our own beloved Mrs. Alfred J. Brosseau, Pres. Gen. of the National Society of the D. A. R.

President Coolidge praised the D. A. R. for their splendid work in keeping the home fires burning, of National Patriotism, and in all matters for upholding and maintaining our sacred Constitution.

Secy. Davis commended the D. A. R. for their stand on National Defense, declaring that to be prepared for emergency was the greatest safeguard against war.

The British Ambassador with a delightful speech presented the D. A. R. with a British flag from the British D. A. R. chapters. The French Ambassador with loving greetings from France's D. A. R. presented a French flag to the Daughters as also the Cuban Ambassador presented a Cuban flag from the D. A. R. chapters of Cuba. And Alaska sent a representative with a flag of presentation from Alaska's D. A. R. chapters.

Thompson and Dawkins; Ward 9, Susie Shelton and Barr; Kendall, Lillie Miller and Albert Brown; Waverley school and Waverley tal.

June 22, 1928

NEGROES AND DISEASE

Differences in Susceptibility and Death Rate Studied for First Time.

CONTAGIOUS AND EPIDEMIC DISEASES

Colored Child is Less Likely to Have Measles, Diphtheria and Scarlet Fever, but is More Apt to Die, if Attacked by Them.

Some of the most important researches to modern medicine are being made and published to the profession by the Metropolitan Insurance company which in its records has the basis of statistics broad enough to admit of generalization for the first time in the history of many phases of medicine.

A recent study of relative immunity and susceptibility of negroes to disease is the first time any real statistics on the subject have been obtainable, although physicians, chiefly in the South, have for many years had ideas on the subject, originating in limited observation and often contradictory. The study made from many hundreds of thousands of recorded life histories and death reports, found in the monthly pamphlet sent to physicians by the insurance company, is condensed into the following statistical conclusions:

The prevalence of and death rate from many diseases vary, undoubtedly, as between the white and negro elements, but how much of these differences are due to racial immunity or susceptibility per se, and how much to racial customs, economic status and environment is difficult, perhaps impossible, to determine. It is fairly certain that there is no complete racial immunity to any disease; it may be true, however, that there does exist partial racial immunity in some diseases. The same holds true with reference to susceptibility to certain morbid conditions.

Contagious Childrens Diseases.

We may consider first the principal epidemic diseases of childhood. The colored child is considerably less likely to be attacked by measles than is the Caucasian. Statistics of four American cities show an average annual "attack rate" for whites which is more than double the figure for the colored. It is solely on account of this higher

attack rate among white people that they have, usually, the higher death-rate from this disease; for once measles is contracted the colored child is much more apt to die from it than is the white. One reason for this higher case-fatality rate among negroes is their greater liability to the complication of lobar pneumonia with measles.

Diphtheria and scarlet fever are by no means as common among colored as among white people. With diphtheria, as with measles, however, negroes have the higher case-fatality rate. As for whooping cough, the evidence is that the negro is not only more susceptible than the white, but less resistant to the disease.

Negroes and Tuberculosis.

The opinion is commonly held that colored people are much less apt than are the whites to be attacked by the organism of acute anterior poliomyelitis, commonly called infantile paralysis. Whether or not this is a fact, it seems to be true that the negroes have a lower deathrate from this disease.

The fact that the deathrate from tuberculosis runs about three times as high among negroes as among whites has caused much discussion of the former's susceptibility to this disease.

There is a grave question as to whether, inherently, the negro is more apt than the white to contract tuberculosis. In his native habitat, Africa, the disease was only slightly prevalent. One prominent authority takes the position that one race, when first meeting tuberculosis, is as vulnerable as another; and that when the African negro was brought to America he moved into tuberculosis surroundings, that he soon became infected and that the disease runs a more acute and fatal course with him than with the white man.

It is probable that the higher deathrate among negroes from tuberculosis is due, more than anything else, to ignorance, poverty and lack of proper medical treatment.

Where Negro Has Best of It.

There are a number of diseases, however, where the evidence points strongly to the existence of either relative immunity or relative susceptibility of the negro. For example, locomotor ataxia, which is now generally recognized as of syphilitic organ, does not develop so frequently among them despite the greater incidence of syphilis among the colored.

It is certain that the skin of the negro is more resistant to certain microorganisms than that of the Caucasian. Hence, he is relatively immune to

acute abscesses and infections of the connective tissues of the skin. He does not have boils so frequently; venomous bites and stings have less effect upon him and he has much less dermatitis arising from traumatism.

Cancer of the skin is rare among negroes, suggesting that perhaps the heavier pigmentation and the more pronounced secretory activities of the

sweat-glands offer greater protection against malignant dermal growths than obtains for the Caucasian.

Better Nerves, Eyes and Ears.

Comparison of the data for white and colored troops has brought out the fact that the colored have fewer cases of nervous instability than do the whites. They are less apt to have neurasthenia and "constitutional psychopathic state." Colored men have much fewer functional cardiac disturbances of nervous origin; they have fewer eye and ear defects.

A few years ago the opinion held that diabetes was relatively infrequent among negroes. Later developments, however, indicate that there is little or no racial immunity among them to this disease. In recent years, the deathrate for diabetes among insured negroes in the Metropolitan Life Insurance company has actually exceeded that of the whites. Even if the rural negro is less apt than the white to contract diabetes it now appears that in urban surroundings the negro is capable of much sickness and high mortality from this disease.

The most reliable data suggest strongly that the negro is less liable to contract erysipelas, anemia and leukemia. There are fewer cases among them of gall-bladder infection and of urinary calculus.

Health-1928.

NEWS
CHARLESTON, S. C.

JUN 28 1928
**WORK TO PREVENT
TYPHOID OUTBREAK**

**Health Authorities Turn
Energies to Series of In-
oculation Clinics**

Turning its attention from smallpox to typhoid fever in the hope of preventing an outbreak of the latter disease in the summer months, the department of health will center its interest on typhoid inoculations instead of vaccinations at the regular clinics at the health center, corner Society and Meeting streets, on Saturday morning at 11 o'clock and Tuesday afternoons at 3.30 o'clock. Negroes will be treated at the negro Young Women's Christian association building, 106 Coming street, on Monday afternoons at 3.30 o'clock.

Typhoid fever and flies go hand in hand together, said Dr. Leon Banov, health officer, yesterday, and during the hot months of summer, especially, it is necessary to take precautions against contracting the disease. The two best preventive methods, he explained, are screening the homes and cleaning up rubbish about the premises and taking inoculation.

Typhoid inoculation lasts two years as a rule, and possibly three. Several thousand persons who received the vaccine last year will not need it again, but the department of health hopes that those who have never been inoculated or were treated long enough ago for the effect to have worn off to visit the clinics or to take inoculation from their private physicians. Inoculation is given in three doses, one a week.

Those persons expecting to go to camps of other resorts for their summer vacations are especially urged to have inoculation before leaving the city.

**Information About
Negroes and Disease**

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company which in its records has the basis of statistics broad enough to admit of generalization for the first time in the history of many phases of medicine.

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South Carolina.
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It is probable that the higher deathrate among negroes from tuberculosis is due, more than anything else, to ignorance, poverty and lack of proper medical treatment.

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It is certain that the skin of the negro is more resistant to certain micro-organisms than that of the Caucasian. Hence, he is relatively immune to acute abscesses and infections of the connective tissues of the skin. He does not have boils so frequently. venomous bites and stings have less effect upon him and he has much less dermatitis arising from traumatism.

Cancer of the skin is rare among negroes, suggesting that perhaps the heavier pigmentation and the more pronounced secretory activities of the sweat-glands offer greater protection against malignant dermal growths than obtains for the Caucasian.

Comparison of the data for white

and colored troops has brought out the fact that the colored have fewer cases of nervous instability than do the whites. They are less apt to have neurasthenia and "constitutional psychopathic state." Colored men have much fewer functional cardiac disturbances of nervous origin; they have fewer eye and ear defects.

A few years ago the opinion held that diabetes was relatively infrequent among negroes. Later developments, however, indicate that there is little or no racial immunity among them to this disease. In recent years, the deathrate in the Metropolitan Life Insurance company has actually exceeded that of the whites. Even if the rural negro is less apt than the white to contract diabetes it now appears that in urban surroundings the negro is capable of much sickness and high mortality from this disease.

The most reliable data suggest strongly that the negro is less liable to contract erysipelas, anemia and leukemia. There are fewer cases among them of gall-bladder infection and of urinary calculus.

NEWS
CHARLESTON, S. C.

JUL 30 1928
**NEGRO TEACHERS
TOLD OF HEALTH**

**Thirty-one Take Course Under
Member of Tuberculosis
Association Staff**

Thirty-one negro teachers, now attending the county school for negro teachers, are enrolled in the course in health education, which is being taught by Miss Rachel Mayo, of the staff of the Charleston County Tuberculosis association. Teachers passing the course will be given a full credit for the work. Miss Mayo regularly conducts a course in this subject for the children of the white and negro schools of the county during the winter session, and will continue to do so during the session of 1928-1929.

The object of this course is to train the teachers in the things that lead to healthful living so that

they may pass this knowledge on to the children of the county. The formation and use of health habits is being particularly stressed, on the theory that the knowledge alone if not put to use will result in no benefit to either individual or community.

In explaining the project which is being pushed by the tuberculosis association, Miss Mayo yesterday outlined the course that she is teaching and showed its application to the fuller courses taught to the children during the regular winter session.

"The course," she pointed out, "has been divided into three parts suited to the needs of the primary, intermediate and advanced pupils. The main objective of the first division is the fixing of habits of personal hygiene. This group includes children of the first, second and third grades. At this time the individualistic tendencies of children are strong and the primary methods of instruction center about this fact."

Part of the course for very young children consists in daily inspection of the cleanliness of face, hands, nails, teeth, personal tidiness, etc., while the desirability of these things is taught in recitations, songs, singles and by posters. This enables the work to be correlated with all other lessons, the time allowed for art, for instance, being used in part for the making of health posters. The arithmetic period may be given a live interest by keeping of health records and so on.

Two periods a week are advised for actually doing the things recommended, having tooth brush and handkerchief drills, cleaning finger nails, etc.

In the fourth and fifth grades which comprise the intermediate division, Health clubs are organized in to appeal to the "gang spirit" which is the outstanding trait of this group. The health clubs are officered and composed entirely of the children who make and enforce their health regulations.

After a check up to insure the practice of personal hygiene, the work is broadened to give some knowledge of food values. Each month is devoted to a special subject, November being given over to a study of the Red Cross work for children of foreign lands and the improvement which is resulting from supplying them with proper food; December stresses the Christmas seal as a means of combatting tuberculosis and uses this as the opportunity to have the children learn of the inroads of this disease in their own county and the necessity for checking this.

January is given over to emphasizing digestion, and the part that table manners, etc., play in this. In March ventilation, light, proper methods of sweeping and dusting, the necessity for preventing the breeding of flies and mosquitoes; and so on, so that the children have been made to think along lines of public health and the responsibility that the individual has in helping to achieve this.

The third or advanced group has its instruction centered around the development of a civic conscience. The attention of these sixth and seventh grade children is directed to

community health through public utilities and community affairs. Sewerage disposal, water supply, food protection, county and state health laws, community care for its tuberculosis and mentally defective are among the topics discussed.

Debates, original poems and songs, playlets are the intellectual features of this division, while the organization of athletic clubs with membership limited to required standards such as observance of health habits, correct weight and correction of defects, give an outlet and produce the development so necessary to this age.

NEGRO AID IN SOUTH PRAISED

Speaker at Southern Tuberculosis Conference Education and Health Conditions Are Improving.

Dr. Monroe N. Work of Tuskegee Institute for negroes presided over this morning's session of the discussion of the Southern Tuberculosis Conference and Southern Sanatorium Association now in joint session at the Buena Vista Hotel in Biloxi. Dr. Work praised the aid and assistance given the negroes of the South by these two organizations in the way of education and better health conditions and a lower death rate. He presented statistics showing that the death rate among the negroes is decreasing about the same proportions as that of the whites although the negroes are 30 years behind in percentage of deaths. Better living conditions among the negroes in the South and educating them to the value of healthful living conditions has meant much in decreasing the death rate among negroes.

He was especially high in his praise in the manner of the living by the negroes in Biloxi as compared with the other cities in the state, naming Gulfport and Vicksburg as examples. He stated that negroes in Biloxi live in better homes with a more sanitary environment which leads to a decrease in the death rate. From 1902 to 1920 he said the white male expectation of life has increased six years while the negroes is about eight years. The increase of the lives of white females is about six years which is more than the colored. This, however, does not bring the life of the negro up to that of the white as shown that the average life of the white is about 54 years and the negro about 40.

Tubercular death rate among the negroes is continually on the decrease and is much lower than ever before. The reduction of the death rate is attributed principally to the education given the negroes and other means of bettering their living conditions.

The nursing aspect among negroes as outlined by Mrs. Mary L. T. Irvin of the Tuberculosis Association of Atlanta, is better carried on among negroes through colored nurses. The colored nurses, who are well trained to fight tuberculosis, can gain an intimate knowledge of the family history, medical history, and a better understanding and reasoning among the patients of their own race. This can only be gained best through colored nurses making the work easily carried out. The social equality of the negro

nurse with that of her patient, can gain their confidence which makes them especially fit to carry on the work.

S. L. Smith, director of field work of the Julius Rosewald Fund of Nashville, Tenn., presented various statistics on fighting tuberculosis among the negroes from the economic aspect. He showed that about one negro out of six dies from tuberculosis. This percentage, however, is a reduction over former years and since 1915 in the South the death rate from Tuberculosis in all forms among the colored population has been about 2 per cent a year. In his talk he revealed that after much research work he has found that at the time negroes were first brought to America, tuberculosis was practically unknown in Africa and since coming to American tuberculosis has increased considerably thus showing that the living conditions of negroes which is usually in unsanitary quarters has led to the development of the disease in this section.

The amount of money spent on education of the negroes and the death rate are of about the same percentage it was shown. That is, the more money spent in educating the negroes the lower the death rate will be. The Rosenwald fund of which he is one of the directors has been a great help in educating the negroes and building of schools for them. His institution has built more than 4,354 negro school buildings over the country which represents about one out of every five public schools for negroes.

It was shown in the discussion that the only solution of the tuberculosis problem is hospitalization and better home environment for those who return from the hospital improved or cured, and that placing a victim of tuberculosis in the same environment without proper sanitary conditions to combat the disease will soon contract it again.

Health - 1928.

THIS CITY
NASHVILLE, TENN., TUESDAY, APRIL 3, 1928

JAN 1 1928

ASSOCIATION TO PUSH NEGRO HEALTH WORK

Proceeds of Seal Sales to
Be Used in Combatting
High Death Rate.

On account of the high death rate from tuberculosis among Negro children, the Davidson County Anti-Tuberculosis Association plans to increase its work to prevent the spread of the disease among the Negroes under provisions of the 1928 budget.

The executives have reported that the death rate among the Negro children is from three to seven times as high as that of white children, due largely to the normal resistance being broken down by poor housing, lack of nourishing food, bad sanitation and other bad living conditions that are conducive to an infection and spread of the disease. It has been pointed out by the tuberculosis workers that in stamping out the disease among the colored people that the white race is protecting itself as well as doing a humanitarian act. The Negro in the home as a servant is in constant contact with the white children of the family at an age when the latter are most susceptible to tuberculosis, and if the servant should come from a tuberculosis home or should have the disease even in an incipient form, then the menace becomes very great, it has been pointed out.

The statistics show that the colored population of Nashville and Davidson county is 43,103 with 171 deaths from tuberculosis during the year, making a death rate of 394, nearly three times that of the rate among the white people.

The Davidson County Anti-Tuberculosis Association has been maintaining two nurses for the past several months, who have been doing considerable work among the Negroes. During November alone they looked after forty-five Negro cases, paying a total of sixty-one visits to the tuberculosis homes. Besides paying the visits to the homes and giving instructions regarding the proper food, sanitation and the means to use to prevent other members of the family from the contagion, the nurses visited the colored schools and gave health lectures and also succeeded in getting health programs put on in the churches.

The work has been made possible through the sale of the Christmas seals and the association is depending on those holding consignments of the little stamps, who have made no return on them, to buy or sell them, even though the Christmas season has passed to make up its budget so that the work may proceed during 1928 unhampered.

Knoxville, Tenn., Journal
Tuesday, April 3, 1928

DEATH RATE FOR NEGRO IS DOUBLE WHITE

Whites Lead Only In Suicides
And Pellagra Deaths.

There were 1,013 more deaths per 100,000 population among the negroes of Knoxville last year than among the white race, according to a comparison of the mortality rates of the two races in Knoxville for 1927 made by Dr. W. H. Enneis, acting city health officer, in connection with Negro Health week which is being observed this week throughout the United States.

Statistics show that the death rate from all causes among the white population was 1,303 per 100,000 population, while the rate among the negroes was 2,316.

From almost every disease, the mortality rate was noticeably higher for the negro race than for the white. One of the few exceptions was pellagra, the white race being 55 per 100,000 population, while that for the negroes was only 27. The whites also led in suicides, there being 15 per 100,000 among the whites and 13 for the colored race.

The high tuberculosis death rate among negroes caused Knoxville to have a high mortality rate for this disease; the rate among the negroes was 321, while among the whites it was only 81. Only 161 whites per 100,000 died from heart diseases, as compared with 328 negroes, and pneumonia claimed less than half as many white victims as colored.

Rogersville, Tenn., Review
Thursday, March 29, 1928

TWO DAY CLINIC HERE NEXT WEEK

Whites to be Examined Monday
and Negroes Tuesday
In City.

Rogersville will have another free tuberculosis clinic next week. So many applicants were passed at the clinic two weeks ago due to the limited time given Dr. Brewer and his as-

sistants in Rogersville that it was found necessary to return here for another clinic.

Dr. Brewer will use the Woodmen's Hall as before and the clinic will open promptly at 8 o'clock in the morning running through to four in the afternoon.

Monday will be devoted to the examination of white people while Tuesday the examiners will work in connection with

the negro health authorities in their national negro health program which will be in progress all next week. Only negroes will be examined on the last day.

The people of Rogersville who have negro servants should see that they go before the examiners next Tuesday. It is found that the negro is more susceptible to tuberculosis than whites and since the negro population forms a large part of our citizenship we cannot expect to stamp out this plague unless we take every one as they come. See to it that your servants avail themselves of this opportunity and ask them to advertise the clinic among their race.

MORTALITY FOR NEGRO RACE IS ON DOWN TREND

Death Rate Here Falls In
1927, But Whites Still Have
Best of Statistics.

The death rate for negroes fell somewhat in 1927 from the 1926 mark and that for whites slightly increased, the former still have much the worst of the statistics.

Mortality tales in Health Chief Haygood's report to Welfare Director Haynes show that many more negroes in proportion to their numbers are taken by major

death causes than whites.

The negro death rate from heart ailments was more than twice as high as that of the whites.

Tuberculosis Deadly

Tuberculosis, more than three times.

Pneumonia, about twice.

From accidents, 30 per cent higher.

From kidney diseases, 40 per cent more.

From influenza, four times as high.

From cancer, about 20 per cent more.

The white death rate from pellagra is twice that of the negroes. Another is that slightly more whites in proportion die from causes grouped under "old age" than negroes.

Fifty-three persons died of pellagra, a disease believed to be caused by lack of sufficient variety in diet, in 1927. This was one less than in 1926.

Deaths definitely reported as due to alcoholism increased 50 per cent over 1926—six as compared with three.

Heart Toll Increases

Simple meningitis took 11 lives in 1927 as against only six in 1926.

Heart diseases killed 198 persons in 1927, an increase of 11 over 1926. Diseases of the arteries killed eight, an increase of three.

Broncho-pneumonia accounted for 6 deaths in 1927; in 1926 only 53. Pneumonia proper, 65 against 58 the previous year.

A notable slump in deaths of babies under two years from diarrhoea and enteritis occurred in 1927. Only 34 died from this cause in 1927, against 59 in 1926.

Take Them Out of the Alleys.

In a round-table discussion Saturday, one of the welfare delegates to the Memphis convention said in reference to the housing of negroes:

"The vast majority of negroes are still herded along back alleys and sewer banks in districts that are breeding pools of disease and poverty. But the south is not alone. In many northern cities, where the slums of the last decade have been largely eradicated, the negro districts are not one whit better than in the south."

More than once has The Commercial Appeal made reference to this deplorable condition and emphasized the necessity of a better home environment for its negro population.

However, investigation reveals that the negro himself is not altogether blameless in the matter.

Many of the negroes would rather live in an alley hovel near the business district than to occupy a real home several miles distant from the center of activities.

The majority of those who do live farther out seem to prefer homes, however dilapidated and insalubrious, in sections densely populated by members of their own race. If they are conscious of the fact that they are living in an environment subversive to their moral and physical welfare, they ignore it.

Leaders of the race should encourage the negroes to strive for better living conditions, and the city officials should discourage to the extent of their legal authority the building or renting of shacks in localities unfit for residential purposes.

If there should be created on the part of the negro population a demand for homes in the city suburbs, where they might live decently and free from contaminating influences, the demand would be met. For purely business reasons, if for no other, negro subdivisions would be opened and comfortable homes built, which could be purchased on the installment plan.

There would be less crime, less disease and a lower mortality among negroes if they desired and were provided with better living conditions.

They should be removed from the alley hovels and other places unfit for human habitation, even if pressure be necessary to bring about the change.

How To Keep Well

By Dr. W. A. Evans

HEALTH OF THE NEGRO IM-

PROVING RAPIDLY.

The record seems to indicate that the health of the negro is improving at a satisfactory rate. Evidence accumulates that yellow fever has its natural home in a comparatively limited area in southwest Africa. Most of the old time argument that yellow fever could not have come from Africa was based upon the freedom of Memphis, Alexandria and Cairo from this disease during all recorded history. These cities are located in Northeast Africa, a region which yellow fever has not threatened.

The small section of the west coast to which the disease is limited happened to be the very section from which slaves were shipped to America. Therefore we may feel certain that slavery brought yellow fever to America. It has also been claimed that African slavery introduced typhoid fever and malaria into America. The proof as to the importation of these diseases is not so convincing.

It is argued that the negro was so long subjected to malaria, typhoid and yellow fever in Africa that he has become partially immune to them. Certain it is that he stands all three diseases better than the white man does, whatever the reason may be. Considering the chances he takes he is less frequently infected and, if he does contract one or the other, he stands a pretty good chance of recovering.

However, the negro death rate is now, and always has been, higher than that of the white man. His increase in population, due to excess of births over deaths, has never equaled that of the whites. By decades this increase was as follows:

1800	32.33	per cent
1810	37.50	per cent
1820	28.59	per cent
1830	31.44	per cent
1840	23.40	per cent
1850	26.63	per cent
1860	22.07	per cent
1870	21.35	per cent
1880	22.05	per cent
1890	13.8	per cent
1900	18	per cent
1910	11.2	per cent
1920	6.5	per cent

It will be noticed that the increase under slavery was considerably higher than it has been since slavery was abolished.

A good part of the decline of the increase in population is due to decrease in the birth rate. Taking the whites as a whole, the white birth rate is higher than that of the negroes.

The experience of the last 25 years indicates that the health of negroes can be greatly improved. Their consumption rate is high, but it is falling rapidly. They do not often have "galloping consump-

tion" now. Twenty-five years ago the disease rather generally took that form. They have a very high pneumonia rate, but when health departments go after pneumonia, the negro death rate from that disease will drop. They suffer unduly from rickets, but the battle to control that disorder is being diligently waged. They have a high venereal disease rate, but the experience of the army during the World War showed that bringing down the venereal disease rate of negro troops was not difficult.

MEMPHIS

TENNESSEE

JUN 2 1928

Negro Health Campaign Touches Churches Today

The workers in the better homes-better health drive conducted by the Memphis Triangle, negro newspaper, will visit the churches today. The drive is managed by W. A. Beasley.

The movement is designed to improve the living conditions of negroes. The city has been divided into sections, and each worker has been given a section to cover.

Physicians believe that at least 60 per cent of the underlying causes of diseases and the high death rate among the negroes could be attributed to the following: Poor housing conditions, uncleanness, lack of precautionary measures to prevent diseases, poor ventilation, lack of wholesome recreation and failure to properly care for infants under 12 months of age.

A model home has been built in connection with the movement by W. J. Curry & Sons in the Douglass Park negro subdivision. The home was furnished by the New Bry's.

Memphis, Tenn., News Banner

Thursday, June 14, 1928

Negro Cleanup Move Makes Good Progress

Lectures in the negro churches and clubs of the city were being planned yesterday to stimulate activity in the campaign to improve living conditions in negro residential sections. Impetus was lent to the movement with the arrival of the Rev. J. M. Williamson, president of the National Industrial Association, to take charge of the drive.

Specific aims in the clean-up campaign are the remedying of insanitary conditions, crowded and ramshackle buildings, the cutting of weeds, and cleaning up of trash around houses and in alleys and streets. Co-operation in the cam-

paign is being lent by the city health department.

The public is asked to pay no one any money for Better Health Drive unless the solicitor has credentials bearing the seal of the National Industrial Association.

Health - 1928

Texas.

STATESMAN

Austin Tex
OCT 21 1928 *Yt*

Health Institute For Negroes Is Conducted

The first of a series of health institutes for negroes to be conducted by Miss Lela Fay Archibald, county health nurse, was held at her office in the Brueggerhoff building Saturday, with 75 representatives of the various schools in the county attending.

The purpose of the institute is to teach the negro teachers to become leaders in health work in their communities, Miss Archibald explained. The principal discussion was led by Adeline Robinson, colored state health nurse, who is in Travis county for a month of intensive work among her people.

A second health institute for negroes will be conducted here Nov. 17, Miss Archibald announced.

Health - 1928

Inadequate Hospitals Are A Distressing Factor In The Negro's Health Problems

Meagre Public Recreational Facilities Also Retard Health Conservation—Situation Showing Improvement

By G. HAMILTON FRANCIS, M. D.
Member Executive Board National Medical Association
Chairman Executive Board Tidewater Medical Society

Since the fact is unquestioned that the death rate among the Negro group is disproportionately higher than it is among the whites, and that sickness and disease is more rampant among us, the question naturally arises as to what are the contributing factors to this unreasonably high mortality and how may these contributing factors be minimized.

Of course, beyond question, the physical deficiency of our group is one of the manifestations of its economic inefficiency; yet it is also one of the manifestations of the double standards for the preservation of health which prevail in many communities. The reference to double standards for health preservation means the facilities that are available for the physical conservation of the health of the white race and the corresponding lack of these facilities for the Negro race. For instance, one of the pressing health needs of the colored people, which is quite adequately met for the whites, is hospitalization. This is a fact with which every Negro physician is especially familiar so often is he confronted with the startling and distressing situation. Very often, even in urgent cases, the colored physician is forced to resort to almost heroic measures to procure the admission of his Negro patient into a hospital. In the majority of cases his patient must use every effort at first to secure funds, and too often the physician is referred to this place and that place to reach the proper authorities, while the reserve energy of his patient is steadily ebbing. It is to be deplored that double standards for health preservation should prevail in any community. The well being of all the people of the community, of either class or race in health matters is interdependent. These double health standards are deplorably stressed in the meagre public recreational facilities available to the Negro.

Suggestion To Fraternal Orders

among the school children who must of necessity give much time to study, while on the other hand they waste

the hours of night which ought to be spent in healthful rest, in revelry and having a good time. And right here the fact ought to be emphasized that this night revelry and good time is one of the factors which make for ill health, lowering the vitality and fostering these diseased conditions that play havoc with our race group. These young girls often graduate, after much struggle and sacrifice on the part of their parents, only to find their career cut short by an untimely death.

A glance at the monthly report of our city health department will show that in the diseases of the heart and lungs the number of Negro deaths invariably exceeds the number of whites from the same causes. These are the diseases which have their greatest play upon lowered vitality and constitutional weaknesses. Particularly are the present day alcoholic drinks playing havoc with the heart and our young men must be warned of this fact, while the burden of night life already added to their enfeebled economic situation boosts our high death rate.

The factors of optimism in this depressing situation are the expansion of health education and improved living standards. Our churches, organizations and schools should conduct health campaigns frequently, and always should our group strive to elevate the health standards of the home. I note with vast pleasure the gradual passing of the unsanitary tenement—these disease hovels—and the erection of modern, wholesome, light and airy apartments in various sections of our city. This fact is evidence of the increasing demand among our group for better homes which comes from the urge to live better, and it is splendid augury for better health.

In the meantime, let our families look toward their health by combating filth and dirt within their reach; have clean and light residences, clean and sweet wards and pay strict attention to personal cleanliness. Do not allow minor ailments to grow into major complaints, and remember that your health is your greatest asset.

It is a striking fact that better home life is doing much to improve the health status of the Negro. In our own city more and more the physician walks into Negro homes, even in the congested areas, where the people are living under approved sanitary conditions, and thanks to the new spirit of present day builders and investors, the unwholesome tenement is on the go. Apartments are being erected with a view to the health and life of the prospective occupants, and this is a tendency much to be encouraged. I frankly admit that the new trend in apartment house building for Negro tenancy is proving of incalculable benefit to our group, and I am hoping to see the day when the last one of the germ fertilizers, as called by the whites which once to a much larger extent infested the Negro sections of the city, will have given way to the enlightened trend of building. I am made to feel proud when on my rounds through the city I see the more desirable living quarters for our people fully occupied, while "For Rent" signs dot practically every one of the antiquated and dilapidated shacks.

I hope this message will go out to all of our city auxiliaries, to our civic and fraternal groups and to our churches, to the end that an effort might be made in Norfolk to build a hospital or to strengthen the arm of those responsible for the operation of Tidewater Hospital, the facilities of which might be greatly enlarged. Games were played. The guests were served with chicken salad, crackers, ice cream and cake. Mr. Durham received several gifts.

Mrs. Armous Winn and little daughter, Helen Marie, spent a few days in the home of Mr. and Mrs. D. H. Winn.

The play, "Whose Little Bride Are You," given at the high school building by the faculty Monday night was a success from every point of view. Each participant rendered his part well. The play being repeated shows how well the public enjoyed it.

This week marks the closing of the city schools. A program is being given each night with a large attendance. The graduating class had their program Tuesday night. The rural high schools closed last week.

Rev. J. B. Elliott, formerly of this town but now of Rock Hill, S. C., spent a short time in our town a few days ago.

Mr. and Mrs. Brascon of Cambridge, Mass., are visiting in the home of the former's parents, Mr. and Mrs. D. Winn.

Mr. Peter Whitehead is confined to his bed.

The very cool spell has caused the spring crops to be hindered in their growth but strawberries and English peas are being shipped in large quantities daily.

The officers and a few members of the Community Chest held a meeting at St. Mark Church last Sunday for the purpose of perfecting plans for their quarterly drive. Much interest is being shown.

High Sickness and Death Rate Preventable; Colored Race Not Alert to Needs

Distressing Situation Calls For Study And
Co-operation Of Thoughtful Mem-
bers Of Both Races

By SOUTHGATE LEIGH, M. D., F. A. C. S.

The death rate among colored people is unreasonably high, being practically double that of the white race. It carries with it also a correspondingly high sickness and disability rate. It is rather surprising that this relative rate between the two races exists in those communities like Norfolk where a high class modern health department is in control, as well as in the unprotected sections.

To the thoughtful and interested observer this unfortunate situation is most distressing, and especially so because it is to a great extent preventable. It is horrifying to think of the large number of human beings who are suffering unnecessarily and many of them dying when they should be living.

To the mind of the writer there is no more urgent matter concerning the colored people of the South than this deplorable condition.

It would seem also that but little attention has been paid to the situation, either by those great benefactors who have given generously of money and time in uplift work, or by the thoughtful members of the race themselves.

Of the basic causes for this condition, one must realize that the helpless classes among the colored people are too uncomplaining, too willing to suffer and even die without making their desperate wants known. They expect little and ask for less.

The result is that the good people, both white and colored, who could do much for the helpless classes, are kept in at least partial ignorance of the bad situation.

On every appropriate occasion, the writer has tried to interest the good people among our white citizens and finds it difficult because the colored sufferers themselves are heard from so faintly and little.

Another basic reason is that the well-to-do colored people themselves seem not to realize the widespread, unnecessary suffering and preventable deaths, and make

no organized effort to counteract the evil.

It has been a great disappointment to the well-wishers of the colored people in Norfolk, that organized effort among them has so far succeeded to only a slight degree.

The various campaigns for the support of the charity and welfare organizations have each fallen short of the necessary goal, notwithstanding the fact that the white agencies have agreed to double the amounts obtained.

When each apparently so little interest is shown, and the results are so disappointing, it becomes more difficult for those who are alive to the distressing needs, to obtain larger appropriations from white sources, and the pitiful thing is that suffering and death still go on unchecked.

Space will not permit a review of the many direct causes of the high sickness and death rate.

It might be helpful, however, to mention briefly some of the remedies:—

More nourishing food.

Better living conditions, including ventilation, cleanliness, bathing facilities and warmth.

Avoidance of contagion.

Prompt attention to minor ailments to prevent major ones.

Better care in sickness, especially in nursing.

Temperance.

Organized effort is greatly needed and can accomplish much. The thoughtful and good hearted people of the community must get together, make a survey of existing conditions, and let the public know frankly what the true situation is.

The necessary response will be prompt and satisfactory.

The hungry must be fed, the naked clothed, and the ill ones nursed back to health and strength.

The people of Norfolk, both white and colored, are failing in their duty towards the helpless ones, but this failure is due not to lack of interest or willingness, but to almost complete ignorance of conditions as they exist among the helpless classes today.

Types of Modern Homes Displacing
Old Structures In Colored Norfolk



5-26-28
Pictured above are the types of homes to be found in Huntersville, Lindenwood, Barboursville, Washington Heights, and other more restricted colored residential sections. The substantial, modernly appointed home is the rule in these districts.

Health - 1928

Newport News, Va. Press
Thursday, May 17, 1928

CHILD HEALTH DAY IN COLORED SCHOOLS

Exercises to be Held This Afternoon on the Huntington High School Field.

Children of the colored schools in the city this afternoon will participate in the "Child Health Day" exercises to be held at 1 o'clock on the Huntington high school athletic field.

Approximately 2,000 colored children will take part in the program which will be offered.

Principal in the exercises will be the demonstrations to be staged by the "five point" health children in the schools. It is anticipated that the program will be of about two hours in length.

The public of the city has been invited to attend the exercises.

PRESS

SEP 29 1928

START DENTAL CLINIC HERE WITHIN A WEEK

Next week will inaugurate the dental clinic to be conducted in the public school system of the city this year, it was announced yesterday by Superintendent of Schools Joseph H. Saunders.

Dr. W. F. Creasy will conduct the clinic in the white schools and Dr. L. A. Fowlkes, colored, in the negro schools. The two dentists conducted the clinics last year and their work was of great value to the pupils, Mr. Saunders says. Defects are found and corrected if necessary, though in the majority of cases the trouble is referred to the parents and the family dentist, excepting in cases where the family is unable to take care of the situation.

The work of the clinic eliminates much loss of time from school by the pupils and greatly augments the work of the teachers, the superintendent says, calling attention to the fact that the child who is suffering or whose system is being taxed by bad teeth cannot properly study and is not as bright and alert as the student whose mouth has been attended to and defects corrected.

DEATHS FROM CHILD BIRTH DECLINE

Virginia Statistics Show
Marked Decrease In Past
Ten Years

Richmond, Va.—Childbirth, along with typhoid diphtheria and malaria, should soon cease to exist as a principal cause of death, it is said in a statement made public by Dr. W. A. Plecker, state registrar of vital statistics.

In actual practice, however, it is said, puerperal deaths are reduced by such a variety of causes acting alone or in unison that it cannot be hoped under present conditions to overcome them all.

It is encouraging, however, says Dr. Plecker, to note that during 1927 the number of such deaths was lower than in any year since 1913.

In 1927, he added, there were 364 puerperal deaths, of which number 197 were white and 167 colored—the total being ninety-seven less than the preceding year. The highest mark was reached in 1918, the year of the influenza epidemic, with 419 white deaths and 256 colored, making a total of 675, of which doubtless influenza was the chief cause in at least 200 cases.

In 1927, Dr. Plecker continued, the total deaths from puerperal eclampsia, or convulsions, were 98, white 46, colored 52; and the decline of white eclamptic deaths from 107 in 1917, with a rate of 2.6 per 1,000 births to a rate of 1.1, is considered the most marked feature of our puerperal statistics.

White births are usually attended by physicians, who if engaged months in advance have it within their power to prevent most of the eclamptic deaths by adequate pre-natal and obstetric care guarding specially against damage to the kidneys; and the results in late years would seem to indicate that physicians have been putting into practice modern preventative measures.

Physicians can also, Dr. Plecker said, in the interest of both mother and child during the pre-natal period, recommend an adequate diet of lime-carrying food for the skeletal formation of the child, of which one quart of milk daily with leafy vegetables and fruit constitute the basis.

The colored eclamptic rate for the year 1927, it is said, remained 3.0, which is in reality the lowest colored rate yet reached, but which is nearly three times the white rate.

RICHMOND
VIRGINIA

SEP 27 1928

White Births Show Gains in Virginia For the Year 1927

Loss Shown Among Negroes, Report of the State Registrar Discloses

White births for 1927 showed a gain of 436 over 1926, it was disclosed yesterday by the State Bureau of Vital Statistics, and indicated that the rapid drop which has been noted since the 1921 total of 48,670 had ceased.

White births increased from 40,474 to 40,910 last year, while Negro births showed a loss of 289 from 17,611 to 17,322.

Dr. W. A. Plecker, registrar of vital statistics, commented on the figures as follows:

"During the first half of 1928, the downward trend which began in 1922 has been resumed, and the total number of births dropped from 28,276 in 1927 to 27,778 in 1928, a loss of 498. If this loss continues Virginia will close the year with about 1,000 less births than the year before, and with perhaps the lowest birth rate in her history. These births have not been separated as to color and we do not know yet whether it is the white or colored race that show loss or gain.

"Deaths, however, show an upward tendency, with a gain of 343 from 14,752 for the first half of 1927 to 15,095 for the same period of 1928. Deaths also have not been studied by color, and it is yet too early to announce the causes which show the increase. Typhoid, however, dropped from fifty-eight in the first half of 1927 to forty-three in 1928, diphtheria from sixty-four to fifty-six, diarrhea from 266 to 196, and dysentery from seventy-nine to thirty-six.

"Until the 1930 census figures are available, the United States Bureau of the census is now estimating the increase of population by adding the estimated increase of births over deaths and combining with that increase the estimated changes by immigration and emigration. By this means they estimate the colored population as 710,000 for 1927 or a gain of 17,719 over the 1920 census. The white population is estimated as 1,836,000, a gain of 206,343 over 1920. Owing to the migration of Negroes to the North the white increase is

ing seven years is supposed to be nearly twelve times that of the colored. Only 1930 census will reveal the actual situation. In the meantime we are uncertain in our estimate of rates.

"If parents do not receive a mother's certificate within four months, they should ask the physician or local registrar and the Bureau of Vital Statistics what the trouble is."

HERALD

Newport News
NOV 17 1928 Va.

SEES BENEFICIAL EFFECTS OF NEW HEALTH PROJECT

Colored Minister Calls Creation of Pre-school and Tubercular Control Division a Step Forward in Safeguarding the Lives and Health of Children of the Race.

That the creation by the city of Newport News of a division of pre-school and tubercular control is a step forward is the declaration of Rev. J. J. Posey, colored, rector of St. Augustine's Episcopal church here. He makes the following statement in regard to the new project:

"The city of Newport News has taken a step forward by creating a division known as pre-school and tubercular control. By this division, the children of both races will have the attention of trained visiting nurses for the first six years of child life. At seven, when they enter school, they will be ready for the work that is required by the teacher. They will have good vision, hearing, teeth, correct weight, and no throat trouble. Each child has a right to these, and the registered visiting nurse can render the best services in bringing about these results.

"Under this new division will be one colored registered nurse who will visit the homes of the 15,000 colored people of the city. By her employment, this part of the population which is in greater need because of the lack of health education, means, living conditions and insufficient wages, will have the public service of a trained visiting nurse. The city will be benefited by the low death rate among babies, better health for mothers, less sickness among colored pupils, more time will be spent in school and lower death rate

among the whole population. The colored nurse is best able to render this service as long as present conditions remain. If the colored teacher, minister, and physician are required to render service among colored people, the colored people, the colored nurse is also required to work among her own people in order that their health may be improved, and the racial group will be able to make a better contribution to the race and the city.

"There are many reasons why an expectant mother should have the care and advice of a well-trained nurse, because the care that the expectant mother takes of herself has its influence on the success of giving birth to a healthy baby."

Health - 1928

Suffolk, Va., News

JAN 4 1928

DESIRE RELIEF FOR T. B. WORK

**Negro Tuberculosis Association
Is Making Another Appeal to
the People of Suffolk for As-
sistance.**

The Negro Tuberculosis Association is making another appeal to the people of Suffolk for aid in establishing here a sanatorium or retreat for the treatment of indigent and dependent of that race with the view to eradicating or reducing the disease and for the protection of all this community. It says:

"For a few years we have been striving for one objective, the building of a home known as a retreat for tuberculosis sufferers. It seems long in its accomplishment, but we are not discouraged for much has been done and we are more determined and why? First, because suffering from tuberculosis has not decreased, second, because the census by the local health unit discloses an alarmingly large number of contacts in Suffolk and Nansemond county; third, because we must fight to conquer step by step the ravage of this plague.

"Therefore, the giving of one penny weekly by each person in Suffolk will build this home. Why do we wait? Can you picture in your mind a person hungry, cold, alone all day and ill with this disease, few friends and no money? This condition obtains all over Suffolk. Let each of us who today is well and strong imagine ourselves in the position of a penniless sufferer and do for them as we would wish done by us.

"We thank each and everyone who has contributed to our fund. We at the beginning of 1928 are putting forth every effort to complete the work begun for the sake of suffering humanity and for a better, healthier Suffolk. This is your privilege and opportunity to help those who need help and obtain the blessing of Him who said 'inasmuch.'"

NEWS
RICHMOND, VA.

MAR 14 1928

NEGROES ENDORSE HEALTH CAMPAIGN

**Aid Enlisted in Early Diag-
nosis of Tuberculosis
Drive Here.**

The interest of practically every Negro health and civic organization in Richmond has been enlisted in the early diagnosis of tuberculosis campaign now being conducted by the Richmond health council and resolutions endorsing the campaign were drawn up and adopted at a meeting held at 60 West Clay street last night.

Representatives of the Negro mothers' clubs, medical societies, insurance companies, colleges, nursing associations and the Negro branch of the Young Women's Christian Association were present in addition to many other organization representatives.

Alice Harris, director of the Negro Recreation Association, presided.

Dr. Garnett Nelson, chairman of the health council, and Dr. Robert Bryan addressed the meeting and asked the co-operation of the Negro organizations in making it a success. At the close of the meeting a committee was appointed to draw up resolutions endorsing the early diagnosis campaign and there were adopted unanimously. Today, committees are being appointed to carry the message of the campaign into every Negro home in the city.

Four of the nine free test clinics that are to be opened in various sections of the city on March 19 will be in the Negro sections, and at these thorough examinations will be made, free of charge, for all who apply, and where incipient tuberculosis is discovered the patient will be made aware of the fact so that it can be easily checked by proper treatment, a thing that could not be accomplished after the disease has been allowed to progress to the advanced stages.

NEWS
RICHMOND, VA.

MAR 13 1928

NEGROES INVITED TO HEAR LECTURE

**Dr. Garnett Nelson to Explain
Local Drive Against
Tuberculosis.**

Representative Negroes of the city have been invited to attend a meeting to be held tonight at 8:15 at 60 West Clay street, at which time Dr. Garnett Nelson, chairman of the Richmond health council will outline the proposed campaign to be staged here for the early discovery of tuberculosis.

Dr. Robert Bryan will also address the meeting and inform those present how they can best assist the campaign committee in making the four weeks' drive against tuberculosis here a success among the Negro population.

The campaign committee is particularly anxious to enlist the co-operation of the Negroes in Richmond in having their people take advantage of the free test clinics that will be opened here March 19. The death rate from tuberculosis among the Negroes of Richmond last year was about three times the death rate among the whites from the same disease.

Four clinics will be opened for the Negroes and there will be ample opportunity for every one to have an examination made without charge. Tuberculosis is one of the most easily cured of all diseases if it can be discovered in its early stages, it is pointed out and the campaign heads here that every case of incipient tuberculosis now existing among the Negroes in the city will have been brought to light by the close of the campaign.

Newport News, Va., Press
Thursday, May 10, 1928

NEGRO CHILD HEALTH DAY EXERCISES TODAY

"Child Health Day" will be observed today by the pupils of the colored schools of the city with exercises to be held on the Huntington high school athletic field beginning at 1 o'clock.

The program was to have been held Tuesday, but unfavorable weather conditions made it necessary to postpone the exercises until today.

Better Homes, Better Health

SEVERAL pages of this week's issue of the Journal and Guide are devoted to the promotion of "Better Homes and Better Health," an annual Spring feature of ours. The slogan is borrowed from the Negro Organization Society of Virginia, whose president is Major Allen Washington, of Hampton. Since its inception, this society, which has done marvelous things for the improvement of the social and economic life of the Negroes of Virginia, has had as its slogan, "Better Schools, Better Homes, Better Health, Better Farms."

It is an established fact that there is a close relation between the sanitary condition and hygiene of the home and the health of the family. The medical profession and welfare agencies are agreed that many diseases may be attributed to preventable conditions surrounding the home life of the masses. As the intellectual lever rises the home life improves and there is a corresponding decline in the sickness and death rate, except from diseases brought on by too strenuous living, which diseases are also preventable in proportion as people learn to live in accordance with the laws of nature.

To improve the home means to improve the chances for better health. This does not mean that families should be encouraged to assume home obligations beyond their capacity to take care of, but that they should make the best of prevailing opportunities to elevate their living standards. A coat of paint applied here and there, industrious use of the broom, soap, water, scrub brush, disinfectants, white wash, lime, screens where necessary, and a continuous war on filth, dirt and germs may convert a very unsanitary dwelling into a decent place of abode and ward off lurking diseases. A clean and healthful home is conducive to good morals as well as good health. Cleanliness comes next to Godliness.

And it should be the ambition of every family to own a home. There is a sort of self-reliance, a feeling of security and of being a factor in the community that is associated with home ownership. The thing to be carefully guarded against is unwise planning as regards the initial financial outlay and the carrying charges when setting out to buy a home. And where the circumstances are such as to make the purchase of a home not an immediate or desirable undertaking the aim should be to rent a house or an apartment with conveniences for decent living. Fortunately the trend in apartment building is in that direction, and not beyond the means of the industrious and thrifty wage earner. To live in unsanitary quarters with dark and stuffy rooms, poor sewerage or other facilities for the maintenance of personal cleanliness invites sickness and death.

One very sure way to better health is to improve the home. There is no dwelling so modest or humble that it cannot be made cheerful, healthful and happy by the use of means that are at the disposal of every one. Among these are sunshine and fresh air—the most important yet the least expensive of them all.

The Journal and Guide is grateful to the advertisers who have cooperated to make this

South Boston, Va., News

Thursday, April 17, 1928
COLORED CHILD HEALTH DAY

Colored Child Health Day will be observed on May 1st, 1928, at the Fair Grounds, South Boston, Va., and all colored people of Halifax County are invited and urged to be present. The following program has been arranged:

Parade of Five Point Children through the town, 10:00 A. M.
Music at Fair Grounds, 11:00 A. M.
Health Program.
Presentation of Five Point Certificates, Banner and Prizes.
Athletics and Games.
Admission Free. Refreshments sold on the grounds.

Committee:

H. J. Watkins, Supt. of Schools,
County Health Department.
Mary Mitchell, Rural Supervisor,
Lola C. Green, Rural Supervisor.
M. Elizabeth Sydnor, Demon.

Agent

—NEWPORT NEWS

VIRGINIA

MAY 14 1928

Births Exceeded Deaths in Newport News by Large Number in April

Births in Newport News during the month of April nearly doubled the deaths, according to figures obtained from the Bureau of Vital Statistics. The births number 72 in comparison to the 36 deaths, of which 4 were among infants less than one year old and two were stillbirths.

The colored deaths doubled the white deaths, with 24 of the former and 12 of the latter. White births topped the colored by two, with 37 and 35 respectively. Among both white and colored, female deaths exceeded the males.

Coroner Colbert Tyler reports that he viewed four bodies at the scene of death and held two inquests. The causes of the deaths were given as general disease, 6; nervous system, 3; circulatory system, 9; respiratory system, 5; genito urinary system, 4; early infancy, 5, and external, 4.

Also to our special contributors, whose articles on health and home making carry deeply interesting and informative messages to our readers.

TYPHOID CAMPAIGN CONCLUDED AMONG NEGRO POPULATION

Colored People To Back Health Work

More Than 90 Per Cent of Col-
ored School Children Given
Serum By City

City health authorities have just finish the annual spring campaign against typhoid among colored people, and have administered 2,500 complete treatments of typhoid serum to pupils in the public schools. This added to about an equal number of treatments last spring has given immunization against typhoid to the majority of colored pupils, some of the schools having more than 90 per cent of their pupils recorded as having taken the serum.

Among white pupils, however, the count is nothing like so high and this has caused health authorities to make a special appeal to white people to co-operate in the movement to stamp out the last remaining traces of this malady, if possible.

Dr. J. C. Sleet, city epidemiologist, under whose supervision the typhoid serum has been given, stated yesterday that the campaign in the colored schools had met with hearty co-operation on the part of the colored people. Typhoid has, in the past, made greater ravages among the Negro race, but the campaign against it is now under way in definite form.

Clinic Always Prepared

The Health Department clinic is prepared to give the typhoid serum to all comers free, though it is recommended that wherever possible the private physician be allowed to administer it. All those who desire it, however, may get it from the clinic.

The local department holds that about four years is the immunization period for typhoid serum. Some of the authorities differ slightly in the matter of time, but four years has been adopted by the Norfolk department.

"It has been my experience," Director of Public Safety Schenck said, "that a person who has had a pronounced case of typhoid will not have it again, except in very rare cases. Of course, it is possible for a person under the circumstances to regain susceptibility to a disease of this character, but it is a rare thing. Where you see a person who has had typhoid more than once, the chances are that the diagnosis at one time or another was wrong."

Dr. Sleet agreed with this theory, and said that in his experience in contagious disease work he had found that a person could have typhoid only once. But he added that the exceptions to the rule made it advisable for all persons who were not perfectly confident on the subject to get the serum again.

The colored people held a meeting last night at Macedonia M. E. Church where the sum of \$178 was raised for the support of Betty Davis, the public health nurse in charge of work among her race. The success of the meeting was gratifying to the health department as it had been feared that Nurse Davis' services would have to be dispensed with on account of lack of funds.

It was stated at the offices of the health board today that she has been doing excellent work among her people and that her services are sorely needed to make the entire health operations successful in the city. The cost of the nurse is borne by the city, county and the colored citizens through popular subscriptions. Nurse Davis has done excellent work in bringing tubercular cases to the health department for chest examinations and in looking after those of her race afflicted with the malady.

Health - 1928

West Virginia.

Williamson, W. Va., News
Monday, April 2, 1928

NEGRO DEATH RATE IS HIGH

Almost Doubled Deaths Of White Race In West Virginia Last Year

The negro death rate in West Virginia for the year 1927 was almost double that of the white race, the negro rate being 18.1 while the white was 9.7 according to figures released by the division of vital statistics observance of National Negro Health Week, April 1-8. The general death rate for the state was 10.2.

Among the chief causes of negro deaths are listed accident, tuberculosis, heart diseases, pneumonia and kidney diseases. Accidents which are given as the greatest cause of deaths in both white and negro races, showed a death rate of 155.6 per 1000 negro deaths. On the same basis the tuberculosis death rate was 109.1, argonic heart disease 77.8, pneumonia 72.8 and nephritis 69.1. Next to accidents, diseases of the respiratory organs appear to be particularly prevalent and especially fatal among negroes.

The negro birth rate shows little change in 1927. There were 2589 negro births reported to the State Health Department in 1927, as against 2610 in 1926.

A comparison of the birth and death figures shows that the negro birth rate fell below the average birth rate for the country, which was about two and one half births for every death.

The illegitimacy rate was much higher in the negro race than the white, being 8.6 of all the negro births reported, while the white was 2.9.

To assist in reducing the high mortality and improve the gener-

al health conditions of the negro population, the State Health Department offered last year, in addition to the regular health services which are at the disposal of every citizen of the state, to pay half of the salary of a negro public health nurse in any four communities raising a like sum of

money. Kanawha was the only county which applied for the aid. However, in every community where there is a full time health unit, or where public health nurses are employed, the negro population receives the same service as that given other citizens of the community. In Charleston and Bluefield negro school nurses have been added to the regular staffs.

APR 17 1928

HIGH NEGRO DEATH RATE

The negro death rate in West Virginia for the year 1927 was almost double that of the white race, the negro rate being 18.1 while the white was 9.7 according to figures released by the division of vital statistics of the State Health Department in connection with the fourteenth observance of National Negro Health Week, April 1-8. The general death rate for the state was 10.2.

INTELLIGENCER WHEELING, W. VA.

DEC 24 1928

NEGRO DEATH RATE HIGH IN COUNTY

10 PERSONS PER THOUSAND DIE EACH YEAR; INFANT MOR- TALITY RATE IS LOWEST

An average of 10 negroes out of each thousand living in Ohio county die every year, while the birth rate shows only seven children for every one thousand. This condition is reported by Dr. J. W. Robinson, director of the state bureau of negro welfare and statistics. This condition exists only in one other county, Harrison, while the state as a whole shows an increase of 12 per cent in the colored population.

Ohio county with a white infant mortality rate of 15.7 per cent dying before their first birthday, has a negro death rate of infants amounting to only 6.6 per cent. Jefferson county is the only other division of the state that equals the Ohio county mark with a figure of 7 per cent. In general the death rate show that counties that do not have so many negroes, the race seems to thrive better.